|                                       | Connecticut Departmen            | t of Public H | lealth        | $\mathbf{D}$ | rinking     | , Water     | Section    | l   |              |
|---------------------------------------|----------------------------------|---------------|---------------|--------------|-------------|-------------|------------|-----|--------------|
|                                       | Water Quality Mo                 | nitoring an   | d Con         | npl          | liance S    | Schedul     | e          |     |              |
| PWS ID                                | PWS Name                         |               |               | Cla          | ssification | Population  | Owner Type | Pri | mary Source  |
| CT0470003                             | FIRST CONGREGATIONAL CHURCH OF E | WINDSOR       |               |              | NC          | 25          | Р          |     | GW           |
| Local Address                         | (where applicable)               | Service       | Resider       | ntial        | Commerci    | al Industri | al Combin  | ed  | Agricultural |
| 124 SCANTIC                           | ROAD                             | Connections   | Connections 3 |              |             |             |            |     |              |
| · · · · · · · · · · · · · · · · · · · |                                  | ·             | -             |              | ·           | ·           | ·          |     | ·            |

| 124 SCANTIC ROAD                               | 0011110001101110       | 3            |         |                         |               |             |
|--|------------------------|--------------|---------|-------------------------|---------------|-------------|
| Towns Served: EAST WINDSOR                     | ,                      |              | '       | ,                       |               |             |
|  | <b>Monitoring Requ</b> | iirement     | ts      |                         |               |             |
| Water System Facility: DISTRIBUTION SYSTEM     | / (WSF ID: 00600)      |              |         |                         |               |             |
| Total Coliform (3100)                          |                        |              |         | 1 r                     | outine (RT) p | er quarter  |
| Sampling Point (Sampling Point ID)             |                        | Monitoring   | Period  | <b>Collection Perio</b> | d Complic     | ance Status |
| Select from Inventory of Active Sampling Point | S                      | 10/1/23 - 12 | 2/31/23 |                         | Cor           | mplete      |
|  |                        | 1/1/24 - 3/  | /31/24  |                         |               |             |
|  |                        | 4/1/24 - 6/  | /30/24  |                         |               |             |
|  |                        | 7/1/24 - 9/  | /30/24  |                         |               |             |
| Physical Parameters (PPS)                      |                        |              |         | 1 r                     | outine (RT) p | er quarter  |
| Sampling Point (Sampling Point ID)             |                        | Monitoring   | Period  | <b>Collection Perio</b> | d Complic     | ance Status |
| Select from Inventory of Active Sampling Point | S                      | 10/1/23 - 12 | 2/31/23 |                         | Cor           | mplete      |
|  |                        | 1/1/24 - 3/  | /31/24  |                         |               |             |
|  |                        | 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 routine (R  | T) per year |
| Sampling Point (Sampling Point ID)             |                        | Monitoring   | Period  | <b>Collection Perio</b> | d Complic     | ance Status |
| ENTRY POINT (3)                                |                        | 1/1/23 - 12  | /31/23  |                         | Cor           | mplete      |
|  |                        | 1/1/24 - 12  | /31/24  |                         |               |             |
|  |                        | 1/1/25 - 12  | /31/25  |                         |               |             |
| Water System Facility: WELL #1 (WSF ID: 102    | 214)                   |              |         |                         |               |             |
| E. Coli (3014)                                 |                        |              |         | 1 r                     | outine (RT) p | er quarter  |
| Sampling Point (Sampling Point ID)             |                        | Monitoring   | Period  | <b>Collection Perio</b> | d Complic     | ance Status |
| WELL #1 (2)                                    |                        | 10/1/23 - 12 | 2/31/23 |                         | Cor           | mplete      |
|  |                        | 1/1/24 - 3/  | /31/24  |                         |               |             |
|  |                        | 4/1/24 - 6/  | /30/24  |                         |               |             |
|  |                        | 7/1/24 - 9/  | /30/24  |                         |               |             |
| Puk  | olic Notification R    | equirem      | nents   |                         |               |             |
|  | Compliance             | Notice       |         | C Notification          | PN Certi      | fication    |
| Violation/Situation                            | Period                 | Tier         | Require | ed Performed            | Due to DPH    | Received    |
|  |                        | 1            |         |                         |               |             |

| Public Notification Requirements |  |   |   |   |  |  |  |  |  |  |
|----------------------------------|--|---|---|---|--|--|--|--|--|--|
| Compliance                       | Notice   | Public No   | tification  | PN Certification  |  |  |  |  |  |  |
| Period                           | Tier   | Required  | Performed   | Due to DPH  | Received   |  |  |  |  |  |
| 1/1/23 - 3/31/23                 | 3  | 6/12/2024   |   | 6/22/2024   |  |  |  |  |  |  |
| 1/1/23 - 3/31/23                 | 3  | 6/12/2024   |   | 6/22/2024   |  |  |  |  |  |  |
| 1/1/23 - 3/31/23                 | 3  | 6/12/2024   |   | 6/22/2024   |  |  |  |  |  |  |
|                                  | Compliance<br>Period<br>1/1/23 - 3/31/23<br>1/1/23 - 3/31/23 | Compliance<br>Period         Notice<br>Tier           1/1/23 - 3/31/23         3           1/1/23 - 3/31/23         3 | Compliance<br>Period         Notice<br>Tier         Public No<br>Required           1/1/23 - 3/31/23         3         6/12/2024           1/1/23 - 3/31/23         3         6/12/2024 | Compliance<br>Period         Notice<br>Tier         Public Notification<br>Required         Performed           1/1/23 - 3/31/23         3         6/12/2024           1/1/23 - 3/31/23         3         6/12/2024 | Compliance<br>Period         Notice<br>Tier         Public Notification<br>Required         PN Certification<br>Performed         PN Certification<br>Due to DPH           1/1/23 - 3/31/23         3         6/12/2024         6/22/2024           1/1/23 - 3/31/23         3         6/12/2024         6/22/2024 |  |  |  |  |  |

|                                  | W                     | ater System Facili   | ity and Sampling P         | oint Ir | iventoi                   | ry |          |                 |
|----------------------------------|-----------------------|----------------------|----------------------------|---------|---------------------------|----|----------|-----------------|
| Water<br>System W<br>Facility ID | Vater System Facility | Sampling Point<br>ID | Sampling Point Description | Status  | Total<br>Coliform<br>Rule |    | Asbestos | Stage<br>2 DBPR |
| 00600 D                          | ISTRIBUTION SYSTEM    | 4                    | GENERIC DISTRIBUTION       | Α       | Υ                         |    |          |                 |
|                                  |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α       |                           |    |          |                 |
|                                  |                       | GTCD200              | BLUE MOON SLEEP RM         | Α       | Υ                         | 1  |          |                 |
|                                  |                       | GTCD300              | STAFF KITCHEN R SINK       | Α       | Υ                         | 1  |          |                 |
| 1                                |                       |                      |                            |         |                           |    |          |                 |

|               | Connecticut Department Water Quality Mo |         |         |       | _           |             |           | n    |              |
|---------------|---|---------|---------|-------|-------------|-------------|-----------|------|--------------|
| PWS ID        | PWS Name                                |         |         | Cla   | ssification | Population  | Owner Typ | e Pr | imary Source |
| CT0470003     | FIRST CONGREGATIONAL CHURCH OF E        | WINDSOR |         |       | NC          | 25          | Р         |      | GW           |
| Local Address | (where applicable)                      | Service | Resider | ntial | Commerci    | al Industri | al Combi  | ned  | Agricultural |
| 124 SCANTIC F | 4 SCANTIC ROAD Connections              |         |         |       |             |             |           |      |              |
| T 6 1         | FACTIVINIDCOD                           |         |         |       | '           | '           | '         |      | ·            |

| Local Address (where                     | e applicable) |          |                    | Service                      | Residential      | Comr   | mercial                 | Industrial  | Combined  | Agricultura        |
|--|---------------|----------|--------------------|------------------------------|------------------|--------|-------------------------|-------------|-----------|--------------------|
| 124 SCANTIC ROAD                         |               |          |                    | Connection                   | ns 3             |        |                         |             |           |                    |
| Towns Served: EAST                       | WINDSOR       |          |                    |                              |                  |        |                         |             |           |                    |
|  | ,             | Water Sy | ystem Fac          | cility and Sa                | ampling Po       | int I  | nven                    | tory        |           |                    |
| Water<br>System Water Sys<br>Facility ID | stem Facility |          | Sampling Poi<br>ID | nt Sampling P<br>Description |                  | Status | Tota<br>Colifo<br>s Rul | rm Copper   |           | Stage<br>WQP 2 DBP |
|  |               |          | GTCD301            | STAFF KITCH                  | HEN L SINK       | Α      | Υ                       | 1           |           |                    |
|  |               |          | GTCD400            | KITCHEN R                    | SINK             | Α      | Υ                       | 1           |           |                    |
|  |               |          | GTCD401            | KITCHEN L                    | SINK             | Α      | Υ                       | 1           |           |                    |
|  |               |          | GTCD500            | STAFF BATH                   | IROOM            | Α      | Υ                       | 1           | Υ         |                    |
|  |               |          | GTCD600            | BOYS BATH                    | ROOM R           | Α      | Υ                       | 1           |           |                    |
|  |               |          | GTCD601            | GIRLS BATH                   | IROOM L          | Α      | Υ                       | 1           |           |                    |
|  |               |          | UPSTREAM           | I WITHIN 5 S                 | ERVICE CON       | Α      |                         |             |           |                    |
| 00700 ENTRY PO                           | INT           |          | 3                  | ENTRY POIN                   | NT               | Α      |                         |             |           |                    |
| 10214 WELL #1                            |               |          | 2                  | WELL #1                      |                  | Α      |                         |             |           |                    |
| 51516 TREATME                            | NT PLANT      |          |                    |                              |                  |        |                         |             |           |                    |
|  |               |          | Co                 | ontact Info                  | rmation          |        |                         |             |           |                    |
| Name                                     |               |          |                    | Organization                 |                  |        |                         |             | Job Title |                    |
| First Congregational                     | Church        |          |                    | J                            |                  |        |                         |             |           |                    |
| Mailing Address Line                     |               |          | Mailing Addr       | ess Line Two                 |                  |        |                         | City        | State     | Zip Code           |
| <u> </u>                                 |               |          | 1171 Main S        |                              |                  | Co     | oventry                 | •           | СТ        | 06238              |
| Business Phone                           | Extension     | Fax      | Mo                 | obile Phone                  | Emergency Pho    |        | -                       |             |           |                    |
|  |               |          |                    |                              |                  |        |                         |             |           |                    |
| Contact Role(s): Ow                      | /ner          |          |                    |                              |                  |        |                         |             |           |                    |
| Name                                     |               |          |                    | Organization                 |                  |        |                         |             | Job Title |                    |
| Reverend Thomas V                        | . Calderone   |          |                    | 1St Cong. Chui               | rch of E. Windso | or     |                         | Pastor      |           |                    |
| Mailing Address Line                     | One           |          | Mailing Addr       | ess Line Two                 |                  |        |                         | City        | State     | Zip Code           |
| 124 Scantic Road                         |               |          |                    |                              |                  | Ea     | ast Win                 | dsor        | СТ        | 06088              |
| Business Phone                           | Extension     | Fax      | Mo                 | obile Phone                  | Emergency Pho    | one Er | mail Ad                 | dress       |           |                    |
| 860-654-0590                             |               |          |                    |                              |                  | sc     | anticse                 | cy@sbcgloba | l.net     |                    |
| Contact Role(s): Leg                     | gal Contact   |          |                    |                              |                  |        |                         |             |           |                    |
| Name                                     |               |          |                    | Organization                 |                  |        |                         |             | Job Title |                    |
| Mr. Rene Thibodeau                       | l             |          |                    | First Cong Chu               | rch of E Windso  | or     |                         | Trustee     |           |                    |
| Mailing Address Line                     | One           |          | Mailing Addr       | ess Line Two                 |                  |        |                         | City        | State     | Zip Code           |
| 124 Scantic Rd                           |               |          |                    |                              |                  | Ea     | ast Win                 | dsor        | СТ        | 06088              |
| Business Phone                           | Extension     | Fax      | Mo                 | obile Phone                  | Emergency Pho    | one Er | mail Ad                 | dress       |           |                    |
| 860-214-5874                             |               | 860-623- | 0071               |                              |                  | th     | nibs@cc                 | x.net       |           |                    |

Contact Role(s): Administrative Contact

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

|  | Tracor Quality 1101110 | 911118 6111 | 0. 0011 |             | 1011100    | 7011001011  |                |                 |
|--|------------------------|-------------|---------|-------------|------------|-------------|----------------|-----------------|
| PWS ID PWS Name                                    |                        |             | Clas    | ssification | Population | Owner Type  | Primary Source |                 |
| CT0470003 FIRST CONGREGATIONAL CHURCH OF E WINDSOR |                        |             |         | NC          | 25         | Р           | GW             |                 |
| Local Address (where applicable)                   |                        | Service     | Resider | ntial       | Commerci   | al Industri | al Combine     | ed Agricultural |
| 124 SCANTIC ROAD                                   |                        | Connections | 3       |             |            |             |                |                 |

# 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 Departmen                   | t of Public H | ealth | Dı  | rinking     | Water       | Section    |                 |  |
|-----------------|---|---------------|-------|-----|-------------|-------------|------------|-----------------|--|
|                 | Water Quality Mo                        | nitoring and  | d Con | npl | iance S     | Schedul     | e          |                 |  |
| PWS ID PWS Name |   |               |       |     | ssification | Population  | Owner Type | Primary Source  |  |
| CT0470032       | GOLDEN GAVEL PLAZA                      |               |       |     | NC          | 25          | Р          | GW              |  |
| Local Address   | ocal Address (where applicable) Service |               |       |     | Commercia   | al Industri | al Combin  | ed Agricultural |  |
| 149 NORTH RO    | DAD                                     | Connections   | 4     |     |             |             |            |                 |  |

| 149 NORTH ROAD                                      | connections 4            |                          |                      |
|---|--------------------------|--------------------------|----------------------|
| Towns Served: EAST WINDSOR                          |                          |                          |                      |
| Monitor   | ring Requirements        |                          |                      |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600)                   |                          |                      |
| Total Coliform (3100)                               |                          | 1 rout                   | ine (RT) per quarte  |
| Sampling Point (Sampling Point ID)                  | Monitoring Period        | <b>Collection Period</b> | 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 quarte  |
| Sampling Point (Sampling Point ID)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | 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)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | 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 Co  | mpliance Schedules       |                          |                      |
| Compliance Schedule Activity                        | Due Date                 | Achieved D               | ate                  |
| RESPOND TO SANITARY SURVEY                          | 6/24/2023                |                          |                      |

| RESPOND TO SANTIARY SURVEY                                   | 6)                                 | 724/2023                         |    |            |                     |
|--|------------------------------------|----------------------------------|----|------------|---------------------|
| Water System Fa  | acility and Sampling               | Point Invento                    | ry |            |                     |
| Water System Water System Facility Sampling P Facility ID ID | oint Sampling Point<br>Description | Total<br>Coliform<br>Status Rule |    | Asbestos I | Stage<br>NQP 2 DBPR |
| 00600 DISTRIBUTION SYSTEM 4                                  | DISTRIBUTION SYSTEM                | A Y                              |    |            |                     |
| DOWNSTR  | EAM WITHIN 5 SERVICE CON           | Α                                |    |            |                     |
| UPSTREA  | M WITHIN 5 SERVICE CON             | Α                                |    |            |                     |
| 00700 ENTRY POINT 3  | ENTRY POINT                        | Α                                |    |            |                     |
| 22890 WELL 1 2   | WELL 1                             | Α                                |    |            |                     |

| 61231 TREATM        | ENT PLANT       |              |                |              |                  |           |             |       |          |
|---------------------|-----------------|--------------|----------------|--------------|------------------|-----------|-------------|-------|----------|
|                     |                 |              | Co             | ntact Inf    | ormation         |           |             |       |          |
| Name                |                 |              | Organization   | 1            |                  | Job Title |             |       |          |
| Mr. Patrick Soucy   |                 |              |                | Golden Gave  | el Auction's LLC |           |             |       |          |
| Mailing Address Lin | e One           |              | Mailing Addr   | ess Line Two |                  |           | City        | State | Zip Code |
| 149 North Rd        |                 |              |                |              |                  | East Win  | dsor        | СТ    | 06088    |
| Business Phone      | Extension       | Fax          | Mo             | bile Phone   | Emergency Phone  | Email Ad  | dress       |       |          |
| 860-623-2100        |                 |              |                |              | 860-306-4530     | goldenga  | vel@att.net |       |          |
| Contact Role(s): A  | dministrative C | Contact, Leg | gal Contact, O | wner         | •                | •         |             |       |          |

| 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 |
| CT0470032                        | GOLDEN GAVEL PLAZA | 4           |         |                |              | NC             | 25              | Р          | GW             |
| Local Address (where applicable) |                    | Service     | Resider | ntial Commerci | ial Industri | al Combine     | ed Agricultural |            |                |
| 149 NORTH ROAD                   |                    | Connections | 4       |                |              |                |                 |            |                |
|                                  |                    |             |         |                |              |                |                 |            |                |

# 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

|                                      | Connecticu             | t Depart       | ment of            | f Public      | Health I             | Orin    | king V    | Water S               | ection      |                   |
|--------------------------------------|------------------------|----------------|--------------------|---------------|----------------------|---------|-----------|-----------------------|-------------|-------------------|
|                                      |                        | er Quality     |                    |               |                      |         | _         |                       |             |                   |
| PWS ID                               | PWS Name               |                |                    |               | C                    | lassifi | cation Po | opulation O           | wner Type I | Primary Source    |
| CT0470054                            | EAST WINDSOR PA        | ARK SNACK BA   | .R                 |               |                      | N       | С         | 25                    | L           | GW                |
| Local Address                        | (where applicable)     |                |                    | Service       | Residentia           | al Cor  | mmercial  | Industrial            | Combined    | d Agricultura     |
| 51 RESERVOIR                         | R AVENUE               |                |                    | Connection    | ns                   |         | 1         |                       |             |                   |
| Towns Served                         | l: EAST WINDSOR        |                |                    |               |                      |         |           |                       |             |                   |
|                                      |                        |                | Monit              | oring Red     | quiremen             | ts      |           |                       |             |                   |
| Water Syste                          | m Facility: DISTRIB    | BUTION SYST    | EM (WSF I          | D: 00600)     |                      |         |           |                       |             |                   |
| <b>Total Colifo</b>                  | rm (3100)              |                |                    |               |                      |         |           | 1 r                   | outine (RT) | per quarter       |
| Sampling                             | g Point (Sampling Poi  | nt ID)         |                    |               | Monitoring           | g Perio | od Coll   | lection Perio         | d Comp      | liance Status     |
| Select fro                           | om Inventory of Active | e Sampling Poi | nts                |               | 4/1/24 - 6           | /30/2   | 4         |                       |             |                   |
|                                      |                        |                |                    |               | 7/1/24 - 9           | /30/2   | 4         |                       |             |                   |
| Physical Par                         | rameters (PPS)         |                |                    |               |                      |         |           | 1 r                   | outine (RT) | per quarter       |
| Sampling                             | g Point (Sampling Poi  | nt ID)         |                    |               | Monitoring           | g Perio | od Coll   | lection Perio         | d Comp      | liance Status     |
| Select fro                           | om Inventory of Active | e Sampling Poi | nts                |               | 4/1/24 - 6           | /30/24  | 4         |                       |             |                   |
|                                      |                        |                |                    |               | 7/1/24 - 9           | /30/24  | 4         |                       |             |                   |
| Water Syster                         | m Facility: ENTRY      | POINT (WSF     | ID: 00700)         |               |                      |         |           |                       |             |                   |
| Nitrate And                          | Nitrite (NOX)          |                |                    |               |                      |         |           |                       | 1 routine ( | RT) per year      |
| Sampling                             | g Point (Sampling Poi  | nt ID)         |                    |               | Monitoring           | g Perio | od Coll   | lection Perio         | d Comp      | liance Status     |
| ENTRY P                              | OINT (3)               |                |                    |               | 1/1/23 - 12          | 2/31/2  | !3        |                       | С           | omplete           |
|                                      |                        |                |                    |               | 1/1/24 - 12          | 2/31/2  | .4        |                       |             |                   |
|                                      |                        |                |                    |               | 1/1/25 - 12          | 2/31/2  | !5        |                       |             |                   |
|                                      |                        |                | Other C            | ompliand      | ce Schedu            | les     |           |                       |             |                   |
| Compliance S                         | chedule Activity       |                |                    |               | Du                   | ıe Dat  | е         | Achieve               | d Date      |                   |
| SEASONAL STA                         | ART UP COMPLETION      |                |                    |               | 5/                   | 1/202   | 4         |                       |             |                   |
|                                      | V                      | Vater Syst     | em Facil           | ity and Sa    | ampling P            | oint    | Inven     | tory                  |             |                   |
| Water                                |                        |                |                    |               |                      |         | Tota      | al Lead an            | d           |                   |
| - /                                  | ater System Facility   | San            | -                  | Sampling P    |                      |         | Colifo    |                       |             | Stage             |
| Facility ID                          |                        |                | ID                 | Description   |                      | Stat    | tus Rul   | e Rule Ti             | er Asbestos | WQP 2 DBP         |
| 00600 DIS                            | STRIBUTION SYSTEM      |                | 4                  | DISTRIBUTION  |                      | А       | . Y       |                       |             |                   |
|                                      |                        |                |                    | WITHIN 5 S    |                      | А       | 1         |                       |             |                   |
|                                      |                        | U              | PSTREAM            |               | ERVICE CON           | А       | 1         |                       |             |                   |
|                                      | ITRY POINT             |                | 3                  | ENTRY POIN    | NT                   | А       | 1         |                       |             |                   |
| 20862 WE                             | ELL                    |                | 2                  | WELL          |                      | А       | ١         |                       |             |                   |
|                                      |                        |                | Con                | tact Info     | rmation              |         |           |                       |             |                   |
|                                      |                        |                | 0                  | rganization   |                      |         |           |                       | Job Title   |                   |
| Name                                 |                        |                | U                  | 0             |                      |         |           |                       |             |                   |
| Name<br>Mr. Robert M                 | laynard                |                |                    | own of East V | Vindsor              |         |           | First Selectn         | nan         |                   |
| Mr. Robert M                         |                        | Ma             |                    | own of East V | Vindsor              |         |           | First Selectn<br>City | State       | Zip Code          |
| <b>Mr. Robert M</b><br>Mailing Addre | ess Line One           | Ma             | To                 | own of East V | Vindsor              |         | Broad Bro | City                  |             | Zip Code<br>06016 |
|                                      | ess Line One           | Ma<br>Fax      | To<br>iling Addres | own of East V | Vindsor  Emergency P |         | Broad Bro | City                  | State       |                   |

| (                 | Connecticut        | : Depa   | irtment of     | f Public :                 | Health    | ı Drir   | ıking   | Water       | Section     |                |
|-------------------|--------------------|----------|----------------|----------------------------|-----------|----------|---------|-------------|-------------|----------------|
|                   | Wate               | r Qua    | lity Monit     | oring ar                   | nd Con    | nplia    | nce S   | chedul      | le          |                |
| PWS ID            | PWS Name           |          |                |                            |           | Classif  | ication | Population  | Owner Type  | Primary Sourc  |
| CT0470054         | AST WINDSOR PA     | RK SNACI | ( BAR          |                            |           | N        | С       | 25          | L           | GW             |
| Local Address (wh | nere applicable)   |          |                | Service Re                 |           | ntial Co | mmercia | al Industri | al Combine  | ed Agricultura |
| 51 RESERVOIR AV   | 1 RESERVOIR AVENUE |          |                |                            | S         |          | 1       |             |             |                |
| Towns Served: EA  | ST WINDSOR         |          |                |                            | ,         |          |         |             |             |                |
| Name              |                    |          | 0              | Organization               |           |          |         |             | Job Titl    | е              |
| Ms. Melissa Malt  | ese                |          | Ea             | East Windsor Parks And Rec |           |          |         | Director    |             |                |
| Mailing Address L | ine One            |          | Mailing Addres | s Line Two                 |           |          | City    |             | State       | Zip Code       |
| 11 Rye Street     |                    |          |                |                            |           |          | Broadb  | rook        | СТ          | 06016          |
| Business Phone    | Extension          | Fax      | Mob            | ile Phone                  | Emergency | y Phone  | Email A | ddress      | ,           |                |
| 860-672-6662      |                    |          |                |                            |           |          | mmalte  | ese@eastwi  | ndsorct.com |                |
| Contact Role(s):  | Administrative Co  | ntact    | -              |                            |           |          |         |             |             |                |

# 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.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

End of schedule

|                | Connectic                | •             |           |        |                        |            |        | •                 | _       |          |       | ction        |             |
|----------------|--------------------------|---------------|-----------|--------|------------------------|------------|--------|-------------------|---------|----------|-------|--------------|-------------|
| 21446.12       |                          | ter Qua       | lity M    | onit   | oring a                | nd Con     |        |                   |         |          |       |              |             |
| PWS ID         | PWS Name                 | NECTALIDA 813 | _         |        |                        |            |        | fication          |         |          | Owr   |              | rimary Sour |
| CT0470064      | GOLDEN IRENE F           | RESTAURANT    | l         |        | C i                    | Danislava  |        | NC                |         | 25       | -1    | P            | GW          |
|                | (where applicable)       |               |           |        | Service<br>Connection  | Residen    | tiai C | ommerc            | iai ir  | ndustria | aı    | Combined     | Agricultur  |
| 18 MULLEN RO   |                          |               |           |        | Connection             | 13         |        | 1                 |         |          |       |              |             |
| Towns Served   | : EAST WINDSOR           |               |           |        |                        |            |        |                   |         |          |       |              |             |
| Water System   | m Facility: <b>DISTR</b> | IBUTION SY    |           |        | oring Rec<br>D: 00600) | quireme    | nts    |                   |         |          |       |              |             |
| Total Colifor  | •                        |               | <u> </u>  |        | <u> </u>               |            |        |                   |         | 1        | rou   | tine (RT)    | per quarte  |
|                | g Point (Sampling Po     | oint ID)      |           |        |                        | Monitori   | ng Per | riod (            | Collect | ion Per  |       |              | ance Status |
|                | om Inventory of Acti     |               | Points    |        |                        | 10/1/23 -  |        |                   |         |          |       | Co           | mplete      |
|                | ,                        |               | <u> </u>  |        |                        | 1/1/24 -   |        |                   |         |          |       |              |             |
|                |                          |               |           |        |                        | 4/1/24 -   |        |                   |         |          |       |              |             |
|                |                          |               |           |        |                        | 7/1/24 -   |        |                   |         |          |       |              |             |
| Physical Par   | ameters (PPS)            |               |           |        |                        | , ,        |        |                   |         | 1        | rou   | tine (RT)    | per quarte  |
| •              | g Point (Sampling Po     | oint ID)      |           |        |                        | Monitori   | na Per | riod (            | Collect | ion Per  |       |              | ance Status |
|                | om Inventory of Acti     |               | Points    |        |                        | 10/1/23 -  |        |                   |         |          |       |              | mplete      |
|                | ,                        | 1- 0          |           |        |                        | 1/1/24 -   |        |                   |         |          |       |              | <u>,</u>    |
|                |                          |               |           |        |                        | 4/1/24 -   |        |                   |         |          |       |              |             |
|                |                          |               |           |        |                        | 7/1/24 -   |        |                   |         |          |       |              |             |
| Water System   | m Facility: ENTRY        | POINT (W      | VSF ID: 0 | 0700)  |                        | , ,        |        |                   |         |          |       |              |             |
| •              | Nitrite (NOX)            | (1)           |           | ,      |                        |            |        |                   |         |          | 1     | routine (F   | RT) per yea |
|                | g Point (Sampling Po     | oint ID)      |           |        |                        | Monitori   | na Per | riod (            | Collect | ion Per  |       | <del>-</del> | ance Status |
| ENTRY PO       |                          | J 12)         |           |        |                        | 1/1/23 -   |        |                   |         |          |       |              | mplete      |
| LIVIIII        | 51141 (5)                |               |           |        |                        | 1/1/24 -   |        |                   |         |          |       |              | приссе      |
|                |                          |               |           |        |                        | 1/1/25 -   |        |                   |         |          |       |              |             |
|                |                          |               | O+1-      | C      |                        |            |        |                   |         |          |       |              |             |
| -              |                          |               | Oth       | ier C  | ompliand               |            |        |                   |         |          |       |              |             |
|                | chedule Activity         |               |           |        |                        |            | Due Do |                   |         | Achie    | ved I | Date         |             |
| RESPOND TO     | SANITARY SURVEY          |               |           |        |                        | (          | 5/12/2 | 019               |         |          |       |              |             |
|                |                          | Water Sy      | ystem l   | Facili | ity and Sa             | ampling    | Poir   | nt Inve           | ento    | ry       |       |              |             |
| Water          |                          |               |           |        |                        |            |        | Т                 | otal    | Lead     | and   |              |             |
| ,              | nter System Facility     |               |           | Point  | Sampling P             |            |        |                   | iform   | Сорр     |       |              | Stag        |
| Facility ID    |                          |               | ID        |        | Description            | 1          | St     | atus <sup>F</sup> | Rule    | Rule     | Tier  | Asbestos     | WQP 2 DB    |
| 00600 DIS      | TRIBUTION SYSTEM         |               | 4         |        | DISTRIBUTION           | ON SYSTEM  |        | Α                 | Υ       |          |       |              |             |
|                |                          |               | DOWNST    | REAM   | WITHIN 5 S             | ERVICE COI | N      | Α                 |         |          |       |              |             |
|                |                          |               | UPSTRE    | EAM    | WITHIN 5 S             | ERVICE CO  | N      | Α                 |         |          |       |              |             |
| 00700 EN       | TRY POINT                |               | 3         |        | ENTRY POIN             | NT         |        | Α                 |         |          |       |              |             |
| 20863 WE       | LL                       |               | 2         |        | WELL                   |            |        | Α                 |         |          |       |              |             |
|                |                          |               |           | Con    | tact Info              | rmation    |        |                   |         |          |       |              |             |
| Name           |                          |               |           |        | rganization            |            |        |                   |         |          |       | Job Title    |             |
| Mr. Vasilios A | kkouris                  |               |           |        | olden Irenes           | Restaurant |        |                   |         |          |       |              |             |
| Mailing Addre  |                          |               | Mailing A |        | s Line Two             | 20010110   |        |                   | Ci      | ity      |       | State        | Zip Code    |
| 18 Mullen Rd   | 2                        |               | 7         |        | 2                      |            |        | East W            |         | -        |       |              | 06088-0005  |
| Business Ph    | one Extension            | Fax           | +         | Mobi   | le Phone               | Emergency  | Phone  |                   |         |          |       |              |             |
|                |                          |               |           |        |                        |            |        |                   |         |          |       |              |             |

860-627-5971

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

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

|                                  | 20001 2000109 1 101110  | - P         | 9 0 1 1 0 01 01 |                |             |            |                                       |
|----------------------------------|-------------------------|-------------|-----------------|----------------|-------------|------------|---------------------------------------|
| PWS ID                           | PWS Name                |             |                 | Classification | Population  | Owner Type | <b>Primary Source</b>                 |
| CT0470064                        | GOLDEN IRENE RESTAURANT |             |                 | NC             | 25          | Р          | GW                                    |
| Local Address (where applicable) |                         | Service     | Resider         | ntial Commerci | al Industri | al Combine | ed Agricultural                       |
| 18 MULLEN ROAD                   |                         | Connections |                 | 1              |             |            |                                       |
| T                                | ACTIMUNDCOD             | •           | •               |                |             |            | · · · · · · · · · · · · · · · · · · · |

# 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

|                     | Cor        | nnectic       | ut Dena     | rtment of       | Public       | Health       | Drir    | nking    | Water         | Sect   | ion                                     |               |
|---------------------|------------|---------------|-------------|-----------------|--------------|--------------|---------|----------|---------------|--------|---|---------------|
|                     |            |               | -           | ity Monit       |              |              |         | _        |               |        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |
| PWS ID              | PWS        | Name          |             |                 | <u>-</u>     |              | 1       |          |               |        | Type P                                  | rimary Source |
| CT0470094           | KING       | DOM HALL      | OF JEHOVAH  | IS WITNESSES    |              |              | N       | С        | 90            | Р      |   | GW            |
| Local Addres        | s (where   | applicable)   |             |                 | Service      | Resident     | ial Co  | mmercia  | l Industria   | l Co   | mbined                                  | Agricultural  |
| 202 NORTH S         | STREET     |               |             |                 | Connection   | ns           |         | 1        |               |        |   |               |
| Towns Serve         | d: EAST \  | WINDSOR       |             |                 |              |              | ·       |          |               | ,      |   | '             |
|                     |            |               |             | Monito          | oring Red    | quiremer     | nts     |          |               |        |   |               |
| Water Syste         | em Facil   | ity: DISTR    | IBUTION SY  | STEM (WSF II    | D: 00600)    |              |         |          |               |        |   |               |
| <b>Total Colifo</b> | orm (31    | .00)          |             |                 |              |              |         |          | 1             | routir | ne (RT)                                 | per quarter   |
| Samplir             | ng Point ( | (Sampling Po  | oint ID)    |                 |              | Monitorin    | g Perio | od Co    | llection Peri | iod    | Compli                                  | ance Status   |
| Select fi           | rom Inve   | ntory of Acti | ve Sampling | Points          |              | 10/1/23 -    | 12/31/  | 23       |               |        | Co                                      | mplete        |
|                     |            |               |             |                 |              | 1/1/24 -     | 3/31/2  | 4        |               |        |   |               |
|                     |            |               |             |                 |              | 4/1/24 -     | 6/30/2  | 4        |               |        |   |               |
|                     |            |               |             |                 |              | 7/1/24 -     | 9/30/2  | 4        |               |        |   |               |
| Physical Pa         | aramete    | rs (PPS)      |             |                 |              |              |         |          | 1             | routir | ne (RT)                                 | per quarter   |
| Samplir             | ng Point ( | (Sampling Po  | oint ID)    |                 |              | Monitorin    | g Perio | od Co    | llection Peri | iod    | Compli                                  | ance Status   |
| Select f            | rom Inve   | ntory of Acti | ve Sampling | Points          |              | 10/1/23 -    | 12/31/  | 23       |               |        | Co                                      | mplete        |
|                     |            |               |             |                 |              | 1/1/24 -     | 3/31/2  | 4        |               |        |   |               |
|                     |            |               |             |                 |              | 4/1/24 -     | 6/30/2  | 4        |               |        |   |               |
|                     |            |               |             |                 |              | 7/1/24 -     | 9/30/2  | 4        |               |        |   |               |
| Water Syste         | em Facil   | ity: ENTR     | POINT (W    | /SF ID: 00700)  |              |              |         |          |               |        |   |               |
| Nitrate An          | d Nitrite  | (NOX)         |             |                 |              |              |         |          |               | 1 ro   | utine (F                                | T) per year   |
| Samplir             | ng Point ( | (Sampling Po  | oint ID)    |                 |              | Monitorin    | g Perio | od Co    | llection Peri | iod    | Compli                                  | ance Status   |
| ENTRY I             | POINT (3)  | )             |             |                 |              | 1/1/23 - 1   | .2/31/2 | 23       |               |        | Co                                      | mplete        |
|                     |            |               |             |                 |              | 1/1/24 - 1   | .2/31/2 | 24       |               |        |   |               |
|                     |            |               |             |                 |              | 1/1/25 - 1   | .2/31/2 | 25       |               |        |   |               |
|                     |            |               | Water Sy    | stem Facili     | ty and S     | ampling      | Point   | t Inven  | itory         |        |   |               |
| Water               |            |               |             |                 |              |              |         | Tot      | al Lead o     | and    |   |               |
| -                   | /ater Sys  | tem Facility  | 9           | Sampling Point  |              |              |         |          | orm Copp      |        |   | Stage         |
| Facility ID         |            |               |             | ID              | Description  |              | Sta     | tus Ru   | le Rule 1     | Tier A | sbestos                                 | WQP 2 DBPR    |
| 00600 D             | ISTRIBUT   | ION SYSTEM    |             | 4               |              | ON SYSTEM    | A       | A Y      | ′             |        |   |               |
|                     |            |               |             | DOWNSTREAM      |              |              |         | A        |               |        |   |               |
|                     |            |               |             | UPSTREAM        | WITHIN 5 S   | ERVICE CON   | P       | 4        |               |        |   |               |
| 00700 Ef            | NTRY POI   | INT           |             | 3               | ENTRY POI    | NT           | P       | 4        |               |        |   |               |
| 20866 W             | /ELL       |               |             | 2               | WELL         |              | A       | 4        |               |        |   |               |
|                     |            |               |             | Con             | tact Info    | rmation      |         |          |               |        |   |               |
| Name                |            |               |             | Oı              | ganization   |              |         |          |               | Jo     | b Title                                 |               |
| Mr. Jesse Ba        | rber, Jr.  |               |             | Co              | ong of Jehov | ah's Witness | es      |          | Elder         |        |   |               |
| Mailing Addr        | ess Line   | One           |             | Mailing Address | s Line Two   |              |         |          | City          |        | State                                   | Zip Code      |
| 71 Abbe Roa         | d          |               |             |                 |              |              |         | East Wir | ndsor         |        | СТ                                      | 06088         |
| Business P          | hone       | Extension     | Fax         | Mobi            | le Phone     | Emergency    | Phone   | Email Ad | ddress        |        | 1                                       |               |
| 960 633 0           | 77.7       |               |             |                 |              | 060 00E 1    | 0057    | :1@-     |               |        |   |               |

860-805-2957

java4@cox.net

860-623-0763

Contact Role(s): Legal Contact

| PWS ID P          | WS Name         |          |                 |                                |         | Classif | ication           | Population | Owner Type | Primary Source |
|-------------------|-----------------|----------|-----------------|--------------------------------|---------|---------|-------------------|------------|------------|----------------|
| CT0470094 K       | INGDOM HALL O   | F JEHOVA | HS WITNESSES    |                                |         | N       | С                 | C 90       |            | GW             |
| Local Address (wh | ere applicable) |          |                 | Service                        | Residen | tial Co | mmercial Industri |            | al Combin  | ed Agricultura |
| 202 NORTH STREE   | 02 NORTH STREET |          |                 |                                |         |         | 1                 |            |            |                |
| Towns Served: EA  | ST WINDSOR      |          |                 |                                | ·       | ·       |                   | ·          |            |                |
| Name              |                 |          | Or              | ganization                     |         |         |                   |            | Job Titl   | e              |
| Mr. Girvan Dinna  |                 |          | Kir             | Kingdom Hall of Jehovah Witnes |         |         |                   |            |            |                |
| Mailing Address L | ne One          |          | Mailing Address | Line Two                       |         |         | City              |            | State      | Zip Code       |
| 38 Sawka Circle   |                 |          |                 |                                |         |         | Windso            | r          | СТ         | 06095          |
| Business Phone    | Extension       | Fax      | Mobil           | Mobile Phone Emergence         |         |         | Email A           | ddress     | ,          |                |
|                   |                 |          |                 |                                |         |         | 1                 |            |            |                |

CD lelte Heelde Detel to Mare Co

#### Contact Noie(s). Administrative Contact

#### Please note the following:

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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 ID PWS Name Classification Population Owner Type Primary Source   |    |    |   |    |  |  |  |  |  |
| CT0470124 | MULNITE FARMS   | NC | 25 | Р | GW |  |  |  |  |  |

CT0470124MULNITE FARMSNC25PGWLocal Address (where applicable)ServiceResidentialCommercialIndustrialCombinedAgricultural2 GRAHAM ROAD (BARN)Connections11

| Towns Served: EAST WINDSOR                            |                          |                          |                      |
|---|--------------------------|--------------------------|----------------------|
| Monitorin   | ng Requirements          |                          |                      |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0 | 0600)                    |                          |                      |
| Total Coliform (3100)                                 |                          | 1 rou                    | tine (RT) per month  |
| Sampling Point (Sampling Point ID)                    | <b>Monitoring Period</b> | <b>Collection Period</b> | 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       |                          |                      |
| Physical Parameters (PPS)                             |                          | 1 rou                    | tine (RT) per month  |
| Sampling Point (Sampling Point ID)                    | Monitoring Period        | Collection Period        | Compliance Status    |
| DISTRIBUTION SYSTEM (4)                               | 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 (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)  |                          |                          | 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        |                          |                      |

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 | Dri   | inking | g W | /ater | Sec | tion | l |
|---|-------|--------|-----|-------|-----|------|---|
| Water Quality Monitoring and Con        | nplia | ance   | Sch | iedul | e   |      |   |
|   |       |        |     |       |     |      |   |

| PWS ID                           | PWS Name      |             |             | Clas | ssification | Population  | Owner Type | Primary Source  |
|----------------------------------|---------------|-------------|-------------|------|-------------|-------------|------------|-----------------|
| CT0470124                        | MULNITE FARMS |             |             |      | NC          | 25          | Р          | GW              |
| Local Address (where applicable) |               | Service     | Residential |      | Commercia   | al Industri | al Combine | ed Agricultural |
| 2 GRAHAM ROAD (BARN)             |               | Connections |             |      | 1           |             |            |                 |

# **Other Compliance Schedules**

Compliance Schedule Activity Due Date Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2024

|                                | Water System Facility and Sampling Point Inventory |                      |                            |        |                           |                                 |          |  |                 |  |  |  |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|--|-----------------|--|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos |  | Stage<br>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      |                           |                                 |          |  |                 |  |  |  |
| 20869                          | WELL   | 2                    | WELL                       | Α      |                           |                                 |          |  |                 |  |  |  |

|                                       |                  |       | Co            | ntact Info   | ormation        |                        |              |          |       |
|---------------------------------------|------------------|-------|---------------|--------------|-----------------|------------------------|--------------|----------|-------|
| Name                                  |                  |       |               | Organization |                 | Job Title              |              |          |       |
| Nancy Mulnite                         |                  |       |               | Mulnite Farm | าร              | Admin Assistant        |              |          |       |
| Mailing Address Line One Mailing Addr |                  |       | ess Line Two  |              | City            |                        | State        | Zip Code |       |
| 28 Miller Road                        |                  |       |               | Broa         |                 |                        | Broad Brook  |          | 06016 |
| Business Phone                        | Extension        | Fax   | Мо            | bile Phone   | Emergency Phone | Email Ad               | nail Address |          |       |
| 860-644-1918                          |                  |       | 860           | 0-371-8262   |                 | mulnitefarms@yahoo.com |              |          |       |
| Contact Role(s): Ac                   | dministrative Co | ntact |               |              |                 |                        |              |          |       |
| Name                                  |                  |       |               | Organization |                 |                        | Job Title    |          |       |
| Daryl A. Mulnite                      |                  |       | Mulnite Farms |              |                 | Owner                  |              |          |       |
|                                       |                  |       |               |              |                 |                        |              |          |       |

Mailing Address Line One Mailing Address Line Two City State Zip Code

28 Miller Road Broad Broa

860-644-1918 860-299-3052 mulnitefarms@yahoo.com

Contact Role(s): Owner

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

End of schedule

|   | Co         | nnectic        | ut Departme        | ent of   | Public   | Health D     | )rin               | king '   | Wate    | er Se    | ection     |                 |
|---|------------|----------------|--------------------|----------|--|--------------|--------------------|----------|---------|----------|------------|-----------------|
|   |            |                | ter Quality M      |          |  |              |                    |          |         |          |            |                 |
| PWS ID  | PW         | /S Name        | cor Quarrey r      | 101110   | 011118 011   |              |                    |          |         |          | ner Type P | rimary Source   |
| CT047302  | 4 DE       | EP - FLAHERTY  | FIELD TRIAL AREA   |          |  |              | N                  |          | 25      |          | S          | GW              |
| Local Addı                                      | ress (whe  | re applicable) |                    |          | Service  | Residentia   | I Cor              | mmercial | Indus   | trial    | Combined   | Agricultura     |
| TROMBLY   | ROAD       |                |                    |          | Connection   | ns           |                    | 1        |         |          |            |                 |
| Towns Ser                                       | ved: EAST  | WINDSOR        |                    |          |  |              |                    |          |         |          |            | -1              |
|   |            |                | N                  | /lonit   | oring Red  | quirement    | :S                 |          |         |          |            |                 |
| Water Sy  | stem Fac   | ility: DISTR   | IBUTION SYSTEM     | (WSF I   | D: 00600)  |              |                    |          |         |          |            |                 |
| <b>Total Co</b>                                 | liform (3  | 3100)          |                    |          |  |              |                    |          |         | 1 ro     | utine (RT) | per quarter     |
| Samp  | oling Poin | t (Sampling Po | oint ID)           |          |  | Monitoring   | Perio              | d Col    | lection | Period   | l Compli   | ance Status     |
| Select from Inventory of Active Sampling Points |            |                |                    |          |  | 10/1/23 - 12 | 2/31/2             | 23       |         |          | Co         | mplete          |
|   |            |                |                    |          |  | 4/1/24 - 6/  | ′30/2 <sup>4</sup> | 4        |         |          |            |                 |
|   |            |                |                    |          |  | 7/1/24 - 9/  | ′30/2 <sup>4</sup> | 1        |         |          |            |                 |
| -   |            | ers (PPS)      |                    |          |  |              |                    |          |         | 1 ro     |            | per quarter     |
| Samp  | oling Poin | t (Sampling Po | oint ID)           |          |  | Monitoring   | Perio              | d Col    | lection | Period   | l Compli   | ance Status     |
| Selec   | t from Inv | entory of Acti | ve Sampling Points |          |  | 10/1/23 - 12 |                    |          |         | Co       | mplete     |                 |
|   |            |                |                    |          |  | 4/1/24 - 6/  |                    |          |         |          |            |                 |
|   |            |                |                    |          |  | 7/1/24 - 9/  | ′30/2 <sup>4</sup> | 4        |         |          |            |                 |
| Water Sy  | stem Fac   | ility: ENTR    | POINT (WSF ID:     | 00700)   |  |              |                    |          |         |          |            |                 |
|   |            | te (NOX)       |                    |          |  |              |                    |          |         | 1        | =          | RT) per year    |
|   |            | t (Sampling Po | oint ID)           |          |  | Monitoring   |                    |          | lection |          |            | ance Status     |
| ENTR  | RY POINT ( | 3)             |                    |          |  | 1/1/23 - 12  |                    |          | 4/1-12/ |          | Со         | mplete          |
|   |            |                |                    |          |  | 1/1/24 - 12  |                    |          | 4/1-12/ |          |            |                 |
|   |            |                |                    |          |  | 1/1/25 - 12  |                    |          | 4/1-12/ | /31      |            |                 |
|   |            |                | Water System       | Facili   | ity and Sa   | ampling P    | oint               | Inven    | tory    |          |            |                 |
| Water   |            | . =            | 6 "                |          | <i>c</i> "   |              |                    | Tota     |         | ad and   | 1          |                 |
| System  | -          | stem Facility  | Samplin<br>II      | _        | Sampling Popularies Properties Pr |              |                    | Colifo   |         | opper    | r Ashastas | Stage WQP 2 DBP |
| Facility ID                                     |            | ITION SYSTEM   |                    |          | <u> </u>   |              | Stat               | tus Rui  |         | ile He   | ASDESIOS   | WQP Z DBP       |
| 00000   | טואונוט    | TION STSTEIN   | 10<br>10           |          | KITCHEN SII  |              | A                  | •        |         |          |            |                 |
|   |            |                | 10                 |          | BATHROOM<br>EXTERIOR F   |              | A<br>A             |          |         |          |            |                 |
|   |            |                |                    | ).<br>   | DISTRIBUTION   |              | A                  |          |         |          |            |                 |
|   |            |                |                    |          | WITHIN 5 S   |              | A                  |          |         |          |            |                 |
|   |            |                | UPSTI              |          |  | ERVICE CON   | A                  |          |         |          |            |                 |
| 00700   | ENTRY P    | OINT           |                    | 3        | ENTRY POIN   |              | A                  |          |         |          |            |                 |
| 52452   | WELL #1    |                |                    | <u>)</u> | WELL #1  | ••           | A                  |          |         |          |            |                 |
| 32 132  | ***        |                |                    |          | tact Info  | rmation      | ,                  |          |         |          |            |                 |
| Name  |            |                |                    |          | rganization  |              |                    |          |         |          | Job Title  |                 |
| Mr. David                                       | Cooley     |                |                    |          | eep-Engineer   | ring   Init  |                    |          | Supv Ci | vil End  |            |                 |
| Mailing Ac                                      |            | e One          | Mailing            |          | s Line Two   | ing Offic    |                    |          | City    | VII LIIE | State      | Zip Code        |
| 163 Great                                       |            | C Offic        | iviaiiiig          | Addi C3  | S LITTE I WU   |              |                    | Portland |         |          | CT         | 06480           |
| Business  |            | Extension      | Fax                | Mohi     | le Phone   | Emergency Ph |                    |          |         |          | CI         | 00-100          |
| 24311103  |            | 2,001131011    | . un               |          |  | c. Scriey 11 | .0                 |          |         |          |            |                 |

860-424-3333

david.cooley@ct.gov

860-205-7552

860-344-2560

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

860-342-2215

| onnecticut Department of Public Health Drinking Water Section |     |     |       |     |     |    |  |  |  |
|---|-----|-----|-------|-----|-----|----|--|--|--|
| Water Quality Monitoring and Com                              | pli | ian | ice S | Sch | edu | le |  |  |  |
|   |     |     |       | _   |     | T_ |  |  |  |

|                                  |                                  | 0 -         |         | F              |             |            |                 |  |  |
|----------------------------------|----------------------------------|-------------|---------|----------------|-------------|------------|-----------------|--|--|
| PWS ID                           | PWS Name                         |             |         | Classification | Population  | Owner Type | Primary Source  |  |  |
| CT0473024                        | DEEP - FLAHERTY FIELD TRIAL AREA |             |         | NC             | 25          | S          | GW              |  |  |
| Local Address (where applicable) |                                  | Service     | Resider | ntial Commerci | al Industri | al Combine | ed Agricultural |  |  |
| TROMBLY ROAD                     |                                  | Connections |         | 1              |             |            |                 |  |  |
|                                  |                                  |             |         |                |             |            |                 |  |  |

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