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

| PWS ID                           | PWS Name        |         |             |  | Cla      | ssification | Population | Owner Type      | Primary Source |
|----------------------------------|-----------------|---------|-------------|--|----------|-------------|------------|-----------------|----------------|
| CT0529053                        | FARMINGTON CLUB |         |             |  |          | NTNC        | 100        | Р               | GW             |
| Local Address (where applicable) |                 | Service | Residential |  | Commerci | al Industri | al Combine | ed Agricultural |                |
| 162 TOWN FAR                     | M ROAD          |         | Connections |  |          | 2           |            |                 |                |

| Towns Served: FARMINGTON                                |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Monitoring  | Requirements             |  |                          |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006 | 00)                      |  |                          |
| Asbestos (1094)   |                          | 1 routine  | (RT) per nine years      |
| Sampling Point (Sampling Point ID)                      | <b>Monitoring Period</b> | <b>Collection Period</b>   | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points         | 1/1/15 - 12/31/23        |  | Complete                 |
|   | 1/1/24 - 12/31/32        |  |                          |
| Total Coliform (3100)                                   |                          | 1 rout   | ine (RT) per quarter     |
| Sampling Point (Sampling Point ID)                      | <b>Monitoring Period</b> | <b>Collection Period</b>   | Compliance Status        |
| Select from Inventory of Active Sampling Points         | 1/1/24 - 3/31/24         | 1 routine (R Collection Period Com  3 repeat (I Collection Period Com  3 temporary routine (T Collection Period Com  5 routine (RT) p Collection Period Com  1 routine (R Collection Period Com  1 routine (RT) p Collection Period Com  1 routine (RT) p Collection Period Com  1 routine (RT) p  | Complete                 |
|   | 4/1/24 - 6/30/24         |  |                          |
|   | 7/1/24 - 9/30/24         |  |                          |
| Total Coliform (3100)                                   |                          | 3 rej  | peat (RP) per period     |
| Sampling Point (Sampling Point ID)                      | <b>Monitoring Period</b> | Collection Period  | Compliance Status        |
| Select from Inventory of Active Sampling Points         | 10/17/23 - 10/22/23      | 1 routine Period Collection Period 31/23 31/32  1 rout Period Collection Period 31/24 30/24 3 rep Period Collection Period 722/23 722/23 722/23 3 temporary rou Period Collection Period 730/23 5 routine Period Collection Period 731/23 731/24 79 1 rout 79 20/24 70 20/24 70 2 | Complete                 |
|   | 10/17/23 - 10/22/23      |  | Complete                 |
|   | 10/17/23 - 10/22/23      |  | Complete                 |
|   | 10/17/23 - 10/22/23      |  |                          |
| Total Coliform (3100)                                   |                          | 3 temporary rou  | tine (TR) per month      |
| Sampling Point (Sampling Point ID)                      | Monitoring Period        | • •  | Compliance Status        |
| Select from Inventory of Active Sampling Points         | 11/1/23 - 11/30/23       |  | Complete                 |
| Lead And Copper (PBCU)                                  |                          | 5 routine  | (RT) per six months      |
| Sampling Point (Sampling Point ID)                      | <b>Monitoring Period</b> |  | Compliance Status        |
| Select from Inventory of Active Sampling Points         | 7/1/23 - 12/31/23        |  | Complete                 |
|   | 1/1/24 - 6/30/24         |  |                          |
|   | 7/1/24 - 12/31/24        |  |                          |
| Physical Parameters (PPS)                               |                          | 1 rout   | ine (RT) per quarter     |
| Sampling Point (Sampling Point ID)                      | Monitoring 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         | _  | <del>-</del>             |
|   | 7/1/24 - 9/30/24         |  |                          |
| Water System Facility: ENTRY POINT (WSF ID: 00700)      |                          |  |                          |
| Inorganic Chemicals (IOCS)                              |                          | 1 routine  | (RT) per three years     |
| Sampling Point (Sampling Point ID)                      | Monitoring Period        |  | Compliance Status        |
| ENTRY POINT (3)   | 1/1/21 - 12/31/23        |  | Complete                 |
| • •   | 1/1/24 - 12/31/26        |  | •                        |
|   | 1/1/27 - 12/31/29        |  |                          |
| Nitrate And Nitrite (NOX)                               |                          | 1 r  | outine (RT) per year     |
| Sampling Point (Sampling Point ID)                      | Monitoring Period        |  | Compliance Status        |
| ENTRY POINT (3)   | 1/1/23 - 12/31/23        |  | Complete                 |
|   |                          |  | -                        |
|   | 1/1/24 - 12/31/24        |  | 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.

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|  |   |                 | 15 11                |             |            |            |               |             |
|--|---|-----------------|----------------------|-------------|------------|------------|---------------|-------------|
| Co   | * · · · · · · · · · · · · · · · · · · · |                 | Public Health I      |             | _          |            | ction         |             |
|  | Water Qua                               | ality Monit     | oring and Com        | pliano      | ce Sche    | edule      |               |             |
| PWS ID PW:   | S Name                                  |                 | (                    | Classificat | ion Popul  | ation Own  | er Type Prima | ary Source  |
| CT0529053 FAR  | RMINGTON CLUB                           |                 |                      | NTNC        | 10         | 00         | Р             | GW          |
| Local Address (where   | e applicable)                           |                 | Service Residenti    | al Comn     | nercial In | dustrial   | Combined A    | gricultural |
| 162 TOWN FARM RC   | )AD                                     |                 | Connections          |             | 2          |            |               |             |
| Towns Served: FARM   | IINGTON                                 |                 |                      |             |            |            |               |             |
|  |   | Monito          | oring Requiremen     | ts          |            |            |               |             |
| Water System Faci  | lity: ENTRY POINT (                     | WSF ID: 00700)  |                      |             |            |            |               |             |
| Pesticides, Herbic   | ides and PCBs - Phase                   | e II & V (SOCS) |                      |             |            | 1 routine  | (RT) per thr  | ee years    |
| Sampling Point   | (Sampling Point ID)                     |                 | Monitoring           | g Period    | Collecti   | on Period  | Compliand     | e Status    |
| ENTRY POINT (3   | 3)                                      |                 | 1/1/23 - 12          | 2/31/25     |            |            |               |             |
|  |   |                 | 1/1/26 - 12          | 2/31/28     |            |            |               |             |
| Organic Chemical   | s (VOCS)                                |                 |                      |             |            | 1 rou      | tine (RT) per | quarter     |
| Sampling Point   | (Sampling Point ID)                     |                 | Monitoring           | g Period    | Collecti   | on Period  | Compliand     | e Status    |
| ENTRY POINT (3   | 3)                                      |                 | 10/1/23 - 1          | 2/31/23     |            |            | Comp          | lete        |
|  |   |                 | 1/1/24 - 3           | /31/24      |            |            | Comp          | lete        |
|  |   |                 | 4/1/24 - 6           | /30/24      |            |            |               |             |
|  |   |                 | 7/1/24 - 9           | /30/24      |            |            |               |             |
| Water System Faci  | lity: WELL 1 (WSF IC                    | D: 58961)       |                      |             |            |            |               |             |
| E. Coli (3014)   |   |                 |                      |             |            | 1 trigg    | ered (TG) pe  | r period    |
| Sampling Point   | (Sampling Point ID)                     |                 | Monitoring           | g Period    | Collecti   | on Period  | Compliand     | e Status    |
| WELL 1 (2)   |   |                 | 10/16/23 - :         | 10/22/23    |            |            |               |             |
|  |   |                 | 10/16/23 - :         | 10/22/23    |            |            | Comp          | lete        |
|  |   |                 | 10/16/23 - :         | 10/22/23    |            |            | Comp          | lete        |
|  |   |                 | 10/16/23 - :         | 10/22/23    |            |            |               | _           |
|  |   | Other Co        | ompliance Schedu     | ıles        |            |            |               |             |
| Compliance Schedul   | e Activity                              |                 | Di                   | ue Date     |            | Achieved L | Date          |             |
| SUBMIT LEAD SERVIO   | CE LINE INVENTORY                       |                 | 10/                  | 16/2024     |            |            |               |             |
| COMPLETE INITIAL L   | SL INVENTORY                            |                 | 10/                  | 16/2024     |            |            |               |             |
| CROSS CONNECTION   | I SURVEY REPORT                         |                 | 3/                   | 1/2025      | _          |            |               |             |
|  | Water 9                                 | System Facili   | ty and Sampling F    | oint li     | nventor    | У          |               |             |
| Water  |   |                 |                      |             | Total      | Lead and   |               |             |
|  | stem Facility                           |                 | Sampling Point       |             | Coliform   | Copper     |               | Stage       |
| Facility ID  |   | ID              | Description          | Status      | Rule       | Rule Tier  | Asbestos WO   | QP 2 DBPR   |
| 00600 DISTRIBU   | TION SYSTEM                             | 4               | DISTRIBUTION SYSTEM  | Α           |            |            |               |             |
|  |   | BF              | BAR FAUCET           | Α           |            | 2          |               |             |
|  |   | DF              | DRINKING FOUNTAIN    | Α           |            | 2          |               |             |
|  |   | DOWNSTREAM      | WITHIN 5 SERVICE CON | Α           |            |            |               |             |
|  |   | K2              | KITCHEN FAUCET       | Α           | Υ          | 2          | Υ             |             |
|  |   | LR              | LADIES ROOM          | Α           |            | 2          |               |             |
|  |   | MR              | MENS ROOM            | Α           |            | 2          |               |             |
|  |   | UPSTREAM        | WITHIN 5 SERVICE CON | Α           |            |            |               |             |
| 00700 ENTRY PC   | DINT                                    | 3               | ENTRY POINT          | Α           |            |            |               |             |
| I and the second |   |                 |                      |             |            |            |               |             |

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.

Α

WELL 1

2

58961 WELL 1

58983 HYDRO TANK

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| Water Quality Monitoring and Compliance Schedule |          |             |      |          |             |            |                 |                |  |  |
|--|----------|-------------|------|----------|-------------|------------|-----------------|----------------|--|--|
| PWS ID   | PWS Name |             |      | Cla      | ssification | Population | Owner Type      | Primary Source |  |  |
| CT0529053 FARMINGTON CLUB                        |          |             |      |          | NTNC        | 100        | Р               | GW             |  |  |
| Local Address (v                                 | Service  | Residen     | tial | Commerci | al Industri | al Combine | ed Agricultural |                |  |  |
| 162 TOWN FAR                                     | M ROAD   | Connections |      |          | 2           |            |                 |                |  |  |

Connecticut Department of Public Health Drinking Water Section

Towns Served: FARMINGTON

|                         |               |                | Cert    | ified Operat     | or Information                           | 1                  |              |           |               |
|-------------------------|---------------|----------------|---------|------------------|--|--------------------|--------------|-----------|---------------|
| Water System Fac        | cility: DISTR | IBUTION SY     | STEM (  | (WSF ID: 00600)  |  |                    |              |           |               |
| Facility Classification | on: SMALL WA  | TER SYSTEM     |         |                  |  |                    |              |           | Certification |
| Operator Name           |               |                |         | tor Type         | Certification(s)                         |                    |              |           | Expiration    |
| CHOUINARD, THOM         |               | CHIEF OPERATOR |         | WATER TREATMEN   | WATER TREATMENT PLANT OPERATOR - CLASS I |                    |              |           |               |
|                         |               |                |         | Contact Inf      | ormation                                 |                    |              |           |               |
| Name                    |               |                |         | Organization     | 1  |                    |              | Job Title |               |
| Mr. David Falt          |               |                |         | Bozzuto's Ind    | <u>.</u>                                 |                    | Director, En | g & Des.  |               |
| Mailing Address Lin     | e One         |                | Mailing | Address Line Two |  |                    | City         | State     | Zip Code      |
| 275 Schoolhouse Ro      | d             |                |         |                  |  | Cheshire           | <u>.</u>     | СТ        | 06410         |
| Business Phone          | Extension     | Fax            |         | Mobile Phone     | Emergency Phone                          | Email Ad           | ldress       |           |               |
| 203-250-5134            |               | 203-250-2      | 2870    |                  | 203-250-5109                             | dfalt@bozzutos.com |              |           |               |
| Contact Role(s): A      | dministrative | Contact        | •       |                  |  |                    |              |           |               |
| Name                    |               |                |         | Organization     | 1  |                    |              | Job Title |               |
| Mr. Kevin R. Daly       |               |                |         | Bozzuto's, In    | С.                                       |                    | Vice Preside | nt        |               |
| Mailing Address Lin     | e One         |                | Mailing | Address Line Two |  |                    | City         | State     | Zip Code      |
| 275 Schoolhouse Ro      | d             |                |         |                  |  | Chesire            |              | СТ        | 06410         |
| Business Phone          | Extension     | Fax            |         | Mobile Phone     | Emergency Phone                          | Email Ad           | ldress       |           |               |
| 203-250-5109            |               |                |         |                  | 203-250-5134                             | kdaly@k            | ozzutos.com  | 1         |               |
| Contact Role(s): Le     | gal Contact   |                |         |                  |  |                    |              |           |               |
| Name                    |               |                |         | Organization     | Organization                             |                    |              | Job Title |               |
| Mr. Michael A. Boz      | zuto          |                |         | Town Farm F      | Real Estate Holdings                     |                    |              |           |               |
| Mailing Address Lin     | e One         |                | Mailing | Address Line Two |  |                    | City         | State     | Zip Code      |
| 275 School House R      | toad          |                |         |                  |  | Cheshire           | <u> </u>     | СТ        | 06410         |
| Business Phone          | Extension     | Fax            |         | Mobile Phone     | Emergency Phone                          | Email Ad           | ldress       |           |               |
| 203-250-5103            |               |                |         |                  |  | mikeb@             | bozzutos.cor | n         |               |
| Contact Role(s): 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