Connecticut Departmen	t of Public H	lealth	Di	rinkin	g V	Vater S	ection	
Water Quality Mo	nitoring and	d Com	ıpl	iance	Scl	hedule		
PWS ID PWS Name			Clas	ssification	Po	pulation Ov	vner Type P	rimary Source
CT0530044 GIDDINGS RECREATION CONCESSION ST	TAND			NC		25	L	GW
Local Address (where applicable)	Service	Resident	tial	Commerc	cial	Industrial	Combined	Agricultura
ROUTE 207	Connections			1				
Towns Served: FRANKLIN		I		1			I	
Mo	nitoring Requ	ireme	nts	3				
Water System Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)							
Total Coliform (3100)						1 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitorii	ng P	Period (Colle	ection Period	d Compli	ance Status
Select from Inventory of Active Sampling Points		4/1/24 -	4/3	0/24				
		5/1/24 -	5/3	1/24				
		6/1/24 -	6/3	0/24				
		7/1/24 -	7/3	1/24				
		8/1/24 -	8/3	1/24				
		9/1/24 -	9/3	0/24				
Physical Parameters (PPS)						1 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitorii	ng P	Period (Colle	ection Period	d Compli	ance Status
Select from Inventory of Active Sampling Points		4/1/24 -	4/3	0/24				
		5/1/24 -	5/3	1/24				
		6/1/24 -	6/3	0/24				
		7/1/24 -	7/3	1/24				
		8/1/24 -	8/3	1/24				
		9/1/24 -	9/3	0/24				
Water System Facility: ENTRY POINT (WSF ID: 00	700)							
Nitrate And Nitrite (NOX)						1	L routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitorii	ng P	Period (Colle	ection Period	d Compli	ance Status
ENTRY POINT (3)		1/1/23 - :	12/3	31/23			Сс	mplete
		1/1/24 - :	12/3	31/24				
		1/1/25 - :	12/3	31/25				
Water System Facility: WELL (WSF ID: 20912)								
E. Coli (3014)						1 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitorii	ng P	Period (Colle	ction Period	l Compli	ance Status
WELL (2)		4/1/24 -	4/3	0/24				
		5/1/24 -	5/3	1/24				
	_	6/1/24 -	6/3	0/24				
		7/1/24 -	7/3	1/24				
		8/1/24 -	8/3	1/24				
		9/1/24 -	9/3	0/24				
Othe	er Compliance	Sched	ule	es				
Compliance Schedule Activity	•			Date		Achieved	l Date	
SEASONAL START UP COMPLETION			1/1/	2024				
Water System Fa	acility and Sar	_			ent	ory		
Water	•	. 3			Total		d	
Contain Mater System Easility Campling D	Saint Campling Dai	nt		~ -	1:6			Charac

DISTRIBUTION SYSTEM

Description

Coliform

Rule

Υ

Status

Α

Copper

Rule Tier Asbestos WQP 2 DBPR

Stage

Sampling Point Sampling Point

ID

4

System Water System Facility

DISTRIBUTION SYSTEM

Facility ID

00600

	Water Quality N				C	,		
PWS ID	PWS Name		Classification Population Owner		Owner Type	Primary Source		
CT0530044	GIDDINGS RECREATION CONCESSIO	N STAND			NC	25	L	GW
Local Address (where applicable) Service Reside					Commerci	al Industri	al Combin	ed Agricultural
ROUTE 207 Connections					1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: FRANKLIN

		Water Sy	stem Facil	ity and S	ampling Po	int Ir	vento	ry			
Water System Water S Facility ID	System Facility		Sampling Point ID	Sampling I	_	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		tage DBPR
			DOWNSTREAM	WITHIN 5	SERVICE CON	Α					
			UPSTREAM	WITHIN 5	SERVICE CON	Α					
00700 ENTRY F	POINT		3	ENTRY POI	NT	Α					
20912 WELL			2	WELL		Α					
			Cor	ntact Info	rmation						
Name			0	rganization					Job Title		
Franklin											
Mailing Address Lir	ne One		Mailing Addres	s Line Two			Ci	ity	State	Zip Coc	de
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Pho	ne Em	ail Addre	SS			
Contact Role(s): C) Wner										
Name			0	rganization					Job Title		
Mr. Charles W. Gra	ant III		To	own of Fran	klin		Firs	t Selectma	n		
Mailing Address Lir	ne One		Mailing Addres	s Line Two			Ci	ity	State	Zip Coc	ek
7 Meetinghouse H	ill Road					Fra	nklin		CT	06254	4
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Pho	ne Em	ail Addre	SS			
860-642-6055	16	860-642-6	5066 860-	886-3114		firs	tselectma	an@franklir	nct.com		
Contact Role(s):	dministrative	Contact, Leg	al Contact		•						

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	le				
PWS ID	S ID PWS Name Classification Population Owner Type Primary So								Primary Source		
CT0530064	FRANKLIN WILDLIFE MANAGEMENT AREA				NC	25		S	GW		
Local Address (where applicable) Service Residential Commercial Industrial Combined Agric									d Agricultural		
ROUTE 32 Connections											

Monitorii	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)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Vater System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

	Water System Facility and Sampling Point Inventory											
Water System Facility ID		Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	101	KITCHEN SINK 1	Α	Υ							
		102	KITCHEN SINK 2	Α	Υ							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0530064	FRANKLIN WILDLIFE MANAGEMENT AREA			NC	25	S	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
ROUTE 32		Connections	1				

	V	Vater System Facili	ity and Sampling P	oint Ir	nventor	ry			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		103	BATHROOM 1	Α	Υ				
		104	BATHROOM 2	Α	Υ				
		4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22777	WELL	2	WELL	Α					

				Contact Inf	formation				
Name				Organization	า	Job Title			
Mr. David Cooley				Deep-Engine	eering Unit		Supv Civil Eng	gineer	
Mailing Address Lin	e One		Mailing A	Address Line Two			City	State	Zip Code
163 Great Hill Road						Portland	ł	СТ	06480
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-342-2215		860-344-2	2560	860-205-7552	860-424-3333	david.co	oley@ct.gov		

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

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

Schedule Generation Date: 4/3/2024

	Conno	acticut Donartment e	of Dublic L	I a a l t h	, D	rinlri	ag I	Mata	1 C 0	action	
	Conne	ecticut Department o Water Quality Moni					_			cuon	
PWS ID	PWS Nam	e			Cla	ssificatio	n Po	pulation	Ow	ner Type P	rimary Source
CT0530074	7-ELEVEN	#32517				NC		25		Р	GW
Local Address	(where appli	icable)	Service	Resider	ntial	Comme	rcial	Industr	ial	Combined	Agricultural
15 ROUTE 32			Connections			1					
Towns Served	: FRANKLIN		,				'				
		Moni	toring Requ	uireme	ents	5					
Water Syster	m Facility:	DISTRIBUTION SYSTEM (WSF	ID: 00600)								
Total Colifo	•	•							1 roı	utine (RT)	per quarter
	• •	pling Point ID)		Monitor	ing F	Period	Colle	ection Pe			ance Status
Select fro	om Inventory	of Active Sampling Points		10/1/23	- 12/	/31/23				Co	mplete
	<u> </u>			1/1/24	- 3/3	31/24				Со	mplete
				4/1/24	- 6/3	80/24					
				7/1/24	- 9/3	30/24					
Physical Par	rameters (P	PPS)							1 roı	utine (RT)	per quarter
Sampling	g Point (Sam _l	pling Point ID)		Monitor	ing F	Period	Colle	ection Pe	eriod	Compli	ance Status
Select fro	Select from Inventory of Active Sampling Points			10/1/23	- 12/	/31/23				Со	mplete
				1/1/24	- 3/3	31/24				Со	mplete
				4/1/24	- 6/3	30/24					
				7/1/24	- 9/3	30/24					
Water Syster	m Facility:	ENTRY POINT (WSF ID: 00700	0)								
Nitrate And	Nitrite (NO	OX)							1	routine (R	RT) per year
Sampling	g Point (Sam _l	pling Point ID)		Monitor	ing F	Period	Colle	ection Pe	eriod	Compli	ance Status
ENTRY PO	OINT (3)			1/1/23 -	12/3	31/23				Со	mplete
				1/1/24 -	12/3	31/24				Co	mplete
				1/1/25 -	12/3	31/25					
	Mor	nthly Water System Faci	ility (WSF)	Level 1	Moı	nitorin	g R	equire	me	nts	
Water Syster	m Facility: I	ENTRY POINT (WSFID: 00700)									
Analyte		Monitoring Requirement (Sumr	mary Type)	Оре	erati	ng Limit				Samples R	eq/Month
рН		Entry Point pH Monitoring (PHR	RD)	Min	nimuı	m: 7 PH				4	1
Start Date	: 4/1/2013		Complia	ance Hist	ory:		Opera	ating Lim	nit	Monitor	ring
			Monito	ring Perio	od			liance S		: Complia	nce Status:
			11/1/20	23 - 11/3	30/20	023					
			12/1/20	23 - 12/3	31/20	023					
			1/1/202	4 - 1/31/	′202 [∠]	4					
			2/1/202	4 - 2/29/	′202 [∠]	1					
			3/1/202	4 - 3/31/	2024	1					

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
pH M&R Violation	9/1/15 - 9/30/15	3	12/17/2016		12/27/2016					

	Wat	ter System Facili	ity and Sampling P	oint Ir	nventoi	ry			
Water System Facility IL		Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM		DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	A A	Υ				

	Water Quality Monit	oring and	d Con	npl	iance S	chedul	е	
PWS ID	PWS Name			Clas	ssification F	Population	Owner Type I	Primary Source
СТ0530074	7-ELEVEN #32517				NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial	Commercia	l Industria	Combine	d Agricultural
15 ROUTE 32		Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: FRANKLIN

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
23008	WELL #1	2	WELL #1	Α					
58244	TREATMENT PLANT							-	

		C	ontact int	ormation				
			Organization	1			Job Title	
ovitz			7-Eleven Inc	•		Ne Facilitie	s Mgr	
e One		Mailing Add	ress Line Two			City	State	Zip Code
					Willow 6	Grove	PA	19090
Extension	Fax	M	lobile Phone	Emergency Phone	Email Ad	ldress		
					rich.mih	alkovitz@7-	11.com	
egal Contact								
			Organization	1			Job Title	
			7- Eleven # 3	32517		Head of Ma	aintenance	
e One		Mailing Add	ress Line Two			City	State	Zip Code
					Franklin		СТ	06254
Extension	Fax	M	lobile Phone	Emergency Phone	Email Ad	ldress		
					chrisben	nent@fmfac	ilitymaintena	ance.com
	Extension egal Contact e One	Extension Fax egal Contact e One	e One Mailing Add Extension Fax M egal Contact e One Mailing Add	Organization 7-Eleven Inc e One Mailing Address Line Two Extension Fax Mobile Phone egal Contact Organization 7- Eleven # 3 e One Mailing Address Line Two	Extension Fax Mobile Phone Emergency Phone egal Contact Organization 7- Eleven # 32517 e One Mailing Address Line Two	Organization 7-Eleven Inc. e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone Email According rich.mih egal Contact Organization 7- Eleven # 32517 e One Mailing Address Line Two Franklin Extension Fax Mobile Phone Emergency Phone Email According Franklin Extension Fax Mobile Phone Emergency Phone Email According Franklin	Organization Tovitz 7-Eleven Inc. Ne Facilitie e One Mailing Address Line Two Willow Grove Extension Fax Mobile Phone Emergency Phone Email Address rich.mihalkovitz@7- egal Contact Organization 7- Eleven # 32517 Head of Mailing Address Line Two City Franklin Extension Fax Mobile Phone Emergency Phone Email Address	Organization Organ

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

Schedule Generation Date: 4/3/2024

	Connecticut Dep	artment of	Public H	lealth	Dri	nkin	g W	ater S	ection	
	Water Qua	ality Monit	oring and	d Com	plia	ance	Sch	edule		
PWS ID	PWS Name	<u>J</u>	0						vner Type Pr	imary Source
CT0530114	GIDDINGS REC. PARK PAVI	LION				NC		25	L	GW
Local Address (v	where applicable)		Service	Residen	tial C	commer	cial I	ndustrial	Combined	Agricultural
190 POND ROA	* * * * * * * * * * * * * * * * * * * *		Connections			1				
Towns Served:	<u>'</u>									
		Monit	oring Requ	ireme	nts					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Coliforn	n (3100)							1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitori	ng Per	riod	Collec	tion Period	d Compli	ance Status
Select from	n Inventory of Active Samplin	g Points		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	1/24				
Physical Para	meters (PPS)							1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitori	ng Per	riod	Collec	tion Period	d Compli	ance Status
Select fron	n Inventory of Active Samplin	g Points		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	1/24				
Water System	Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And N	• •								L routine (R	
	Point (Sampling Point ID)			Monitori	_		Collec	tion Period		ance Status
ENTRY POI	NT (3)			1/1/23 -					Со	mplete
				1/1/24 -	12/31,	/24				
				1/1/25 -	12/31,	/25				
		Other C	ompliance	Sched	ules	;				
Compliance Sch	nedule Activity				Due Do	ate		Achieved	d Date	
SEASONAL STAF	RT UP COMPLETION			4	1/1/20	024				
	Water 9	System Facil	ity and Sar	npling	Poir	nt Inv	ento	ry		
Water							Total	Lead and	d	
-	er System Facility	Sampling Point		nt		Co	oliform			Stage
Facility ID	DIDUTION CYCTEM	ID .	Description		St	tatus	Rule	Rule Tie	r Asbestos	WQP 2 DBPR

DISTRIBUTION SYSTEM

WITHIN 5 SERVICE CON

DOWNSTREAM WITHIN 5 SERVICE CON

WELL #1

ENTRY POINT

Α

Α

Α

Α

Α

Υ

4

UPSTREAM

3

2

00600 DISTRIBUTION SYSTEM

00700 ENTRY POINT

47861 WELL #1

С	onnecticu	it Depa	rtment c	of Public	Health	Dr	rinking	Water	Section	
	Wat	er Qua	lity Moni	toring a	nd Con	npl	iance S	Schedul	le	
PWS ID PV	WS Name					Clas	ssification	Population	Owner Type	Primary Source
CT0530114 GI	DDINGS REC. P	ARK PAVILI	ON				NC	25	L	GW
Local Address (whe	ere applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
190 POND ROAD (F	ROUTE 207)			Connectio	ns		1			
Towns Served: FRA	NKLIN					Ì				
			Со	ntact Info	ormation	1				
Name			(Organization					Job Titl	e
Franklin										
Mailing Address Lir	ne One		Mailing Addre	ess Line Two				City	State	Zip Code
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	/ Pho	ne Email A	Address		
Contact Role(s): C	wner									
Name			(Organization					Job Titl	е
Mr. Charles W. Gra	ant III		-	Town of Fran	ıklin			First Selec	ctman	
Mailing Address Line One Mailing Address			ss Line Two				City	State	Zip Code	

Contact Role(s): Administrative Contact, Legal Contact

Extension

16

Please note the following:

7 Meetinghouse Hill Road

Business Phone

860-642-6055

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

Mobile Phone

860-886-3114

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

860-642-6066

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.

Franklin

firstselectman@franklinct.com

Emergency Phone Email Address

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

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

End of schedule

06254

CT

	Connecticut I	Department of	Public H	lealth D	rink	ing V	Vater	Se	ection	
		Quality Monit								
PWS ID	PWS Name	Quality 1 10 1110	0						ner Type I	Primary Source
CT0530234	FRANKLIN MUNICIPA	L COMPLEX			NC		40		L	GW
Local Addr	ess (where applicable)		Service	Residential	Comn	nercial	Industri	al	Combined	d Agricultura
5 TYLER DE			Connections			4				
Towns Serv	ved: FRANKLIN			I						
		Monito	oring Requ	irement	S					
Water Sys	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)							
Total Col	iform (3100)						1	ro	utine (RT)	per quarter
Samp	ling Point (Sampling Point I	D)		Monitoring	Period	Colle	ction Pe	riod	Comp	liance Status
Select	t from Inventory of Active Sa	mpling Points		10/1/23 - 12	/31/23				С	omplete
				1/1/24 - 3/	31/24					
				4/1/24 - 6/	30/24					
				7/1/24 - 9/	30/24					
Physical I	Parameters (PPS)						1	rou	utine (RT)	per quarter
Samp	ling Point (Sampling Point I	D)		Monitoring	Period	Colle	ction Pe	riod	Comp	liance Status
Select	t from Inventory of Active Sa	mpling Points	:	10/1/23 - 12	/31/23				С	omplete
				1/1/24 - 3/	31/24					
				4/1/24 - 6/	30/24					
				7/1/24 - 9/	30/24					
Water Sys	stem Facility: ENTRY PO	INT (WSF ID: 00700)								
	and Nitrite (NOX)							1	-	RT) per year
	ling Point (Sampling Point I	D)		Monitoring		Colle	ction Pe	riod		liance Status
ENTR	Y POINT (3)			1/1/23 - 12/					С	omplete
				1/1/24 - 12/						
				1/1/25 - 12/	-					
		Other C	ompliance	Schedul	es					
Complianc	e Schedule Activity			Due	e Date		Achie	ved	Date	
RESPOND ⁻	TO SANITARY SURVEY			7/17	7/2021					
	Wa	ter System Facili	ity and Sar	npling Po	oint li	nvent	ory			
Water		•	•	1 0		Total	Lead	and	1	
	Water System Facility	Sampling Point	Sampling Poi	nt		Colifor				Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	J	Α					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
52285	WELL 1	2	WELL 1		Α					
52289	ATMOSPHERIC TANK									
62201	IRON REMOVAL/SOFTENER									
		Con	tact Inforr	mation						
Name			rganization						Job Title	
Franklin										
	dress Line One	Mailing Address	s Line Two				City		State	Zip Code
		<u> </u>					•			•

Emergency Phone Email Address

Mobile Phone

Business Phone

Extension

Fax

C	onnectici	ut Depa	rtment	of Public	Health	Drin	iking	Water	Section	
	Wat	ter Qua	lity Mon	nitoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P\	NS Name					Classifi	cation	Population	Owner Type	Primary Source
CT0530234 FF	RANKLIN MUNI	CIPAL COME	PLEX			N	С	40	L	GW
Local Address (whe	ere applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combin	ed Agricultura
5 TYLER DRIVE				Connection	ns		4			
Towns Served: FRA	NKLIN				1			<u> </u>		
Contact Role(s): C)wner									
Name				Organization					Job Titl	е
Mr. Charles W. Gra	ant III			Town of Frank	klin			First Selec	ctman	
Mailing Address Lir	ne One		Mailing Add	ress Line Two				City	State	Zip Code
7 Meetinghouse Hi	ill Road						Franklii	n	CT	06254
Business Phone	Extension	Fax	М	obile Phone	Emergency	/ Phone	Email A	ddress	,	
860-642-6055	16	860-642-6	5066 86	50-886-3114			firstsele	ectman@fra	anklinct.com	
Contact Role(s): A	dministrative (Contact, Leg	al Contact							

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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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 Departr	ment of Public H	lealth	Drinking	Water	Section	
	•	Monitoring and		_			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0530254	96 ROUTE 32			NC	40	Р	GW
Local Address	(where applicable)	Service	Resident	tial Commerci	al Industri	al Combine	d Agricultural
96 ROUTE 32		Connections				1	
Towns Served	: FRANKLIN						
		Monitoring Requ	ireme	nts			
Water Syste	m Facility: WELL 1	(WSF ID: 00500)					
- 0 11 /004	4)					/	

11101111011	o ccts		
Water System Facility: WELL 1 (WSF I	D: 00500)		
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	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: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory Water System Water System Facility Bampling Point Sampling Point Sampling Point Coliform Copper Status Rule Tier Asbestos W O0500 WELL 1 O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 4-1 MENS RESTROOM SINK A Y 4-2 DD KITCHEN TRIPLE SI A Y 4-3 SUBWAY KITCHEN SINK A Y 4-4 WOMENS RESTROOM A Y SINK DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A					, 5 +, 25	1/1/23 12			
System Water System Facility Date			ry	nventor	oint Ir	ity and Sampling P	er System Facili	Wat	
Facility ID ID Description Status Rule Rule Tier Asbestos W O0500 WELL 1 Q WELL 1 A O0600 DISTRIBUTION SYSTEM 4-1 MENS RESTROOM SINK A Y 4-2 DD KITCHEN TRIPLE SI A Y 4-3 SUBWAY KITCHEN SINK A Y 4-4 WOMENS RESTROOM A Y SINK DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A			Lead and	Total					Water
00500 WELL 1 2 WELL 1 A	Stage		Copper	Coliform		Sampling Point	Sampling Point	Water System Facility	System
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 4-1 MENS RESTROOM SINK A Y 4-2 DD KITCHEN TRIPLE SI A Y 4-3 SUBWAY KITCHEN SINK A Y 4-4 WOMENS RESTROOM A Y SINK DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A	<i>NQP 2 DBPR</i>	Asbestos	Rule Tier	Rule	Status	Description	ID)	Facility ID
4-1 MENS RESTROOM SINK A Y 4-2 DD KITCHEN TRIPLE SI A Y 4-3 SUBWAY KITCHEN SINK A Y 4-4 WOMENS RESTROOM A Y SINK DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A					Α	WELL 1	2	WELL 1	00500
4-2 DD KITCHEN TRIPLE SI A Y 4-3 SUBWAY KITCHEN SINK A Y 4-4 WOMENS RESTROOM A Y SINK DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A				Υ	Α	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	00600
4-3 SUBWAY KITCHEN SINK A Y 4-4 WOMENS RESTROOM A Y SINK DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A				Υ	Α	MENS RESTROOM SINK	4-1		
4-4 WOMENS RESTROOM A Y SINK DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A				Υ	Α	DD KITCHEN TRIPLE SI	4-2		
SINK DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A				Υ	Α	SUBWAY KITCHEN SINK	4-3		
UPSTREAM WITHIN 5 SERVICE CON A				Υ	Α		4-4		
					Α	WITHIN 5 SERVICE CON	DOWNSTREAM		
00700 ENTRY POINT 3 ENTRY POINT A					Α	WITHIN 5 SERVICE CON	UPSTREAM		
					Α	ENTRY POINT	3	ENTRY POINT	00700
60560 TREATMENT PLANT								TREATMENT PLANT	60560

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

PWS ID	PWS Name	PWS Name				opulation	Owner Type	Primary Source
CT0530254	96 ROUTE 32			NC	2	40	Р	GW
Local Address (where applicable)		Service	Residen	tial Com	nmercial	Industria	al Combine	ed Agricultural
96 ROUTE 32		Connections					1	

		C	ontact Inf	ormation					
Name						Job Title			
Mr. Asif Choudhry				.LC	Mgr / Owner				
Mailing Address Line One Mailing Addr			ress Line Two		City		State	Zip Code	
7 Jean Drive			C			е	СТ	06371	
Extension	Fax	М	obile Phone	Emergency Phone	Email Address				
		86	0-287-7181		asifman500@gmail.com				
			e One Mailing Add Extension Fax M	Organization Ibrahim Ali, L e One Mailing Address Line Two	Extension Fax Mobile Phone Emergency Phone	Organization Ibrahim Ali, LLC e One Mailing Address Line Two Old Lym Extension Fax Mobile Phone Emergency Phone Email Ac	Organization Ibrahim Ali, LLC Mgr / Owner One Mailing Address Line Two City Old Lyme Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Ibrahim Ali, LLC Mgr / Owner e One Mailing Address Line Two City State Old Lyme CT Extension Fax Mobile Phone Emergency Phone Email Address	

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

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public H	ealth	Dr	inki	ing V	Vater	Se	ction	
		uality Monit					_				
PWS ID	PWS Name	guarrey 1-10111e						opulation O		ner Type	Primary Sour
CT0530274		SING, INC.			0.00	NC		38	•	P	GW
Local Addre	ess (where applicable)	, -	Service	Resident	tial	Comm	ercial	Industri	al	Combine	d Agricultu
140 ROUTE	* * * * * * * * * * * * * * * * * * * *		Connections			1					
Towns Serv	ed: FRANKLIN										
		Monito	oring Requ	ireme	nts						
Water Sys	tem Facility: DISTRIBUTIO	ON SYSTEM (WSF II	D: 00600)								
Total Coli	form (3100)							1	rou	tine (RT)	per quarte
Sampl	ing Point (Sampling Point ID)			Monitorii			Colle	ection Pe	riod	Comp	liance Statu
Select	from Inventory of Active Sam	pling Points		LO/1/23 -							omplete
				1/1/24 -	3/31	1/24				С	omplete
				4/1/24 -		-					
				7/1/24 -	9/30	0/24					
_	Parameters (PPS)										per quarte
-	ing Point (Sampling Point ID)			Monitorii			Colle	ection Pe	riod		liance Statu
Select	from Inventory of Active Sam	pling Points		10/1/23 -							omplete
				1/1/24 -						С	omplete
				4/1/24 -							
\A/=+== C=	tone Facility FAITDY DOIN	T (MCE ID 00700)		7/1/24 -	9/30	J/24					
•	tem Facility: ENTRY POIN	1 (WSF ID: 00700)								,	
	nd Nitrite (NOX)			N/onitovi	D.	ouio d	Call	action Do		-	RT) per yea
	ing Point (Sampling Point ID)			Monitorii			Cone	ection Pe	rioa		liance Status
ENIKI	POINT (3)			1/1/23 - 12/31/23 1/1/24 - 12/31/24							omplete omplete
				1/1/24 - : 1/1/25 - :							ompiete
		Other Co	ompliance								
o "		Other C	omphance								
-	Schedule Activity			Due Date Ach 3/9/2023					chieved Date		
RESPOND I	O SANITARY SURVEY	C									
	Wate	er System Facili	ity and Sar	npling	POI	int ir					
Water	Water System Facility	Sampling Point	Campling Dai				Tota				Chara
System Facility ID	water System Facility	Sampling Point ID	Description	π			Colifor Rule			Ashesto	Stag WQP 2 DB
-	DISTRIBUTION SYSTEM	2	DISTRIBUTION	ISVSTEM		<u>Status</u> A	Y	. nare	1101	ASDESTOS	WQF Z DD
00000 1	DISTRIBUTION STSTEIN	4	DOWNSTAIRS			A	Y				
		DOWNSTREAM				Α	•				
		UPSTREAM	WITHIN 5 SER			Α					
00700 E	ENTRY POINT	3	ENTRY POINT		<u>-</u>	Α					
	WELL 1	2	WELL 1			Α					
		Con	tact Inforr	nation							
			rganization							Job Title	
Name		OI	Dallieution							JUN TITLE	
Name Mr. Lenny I	Rochester						C	Operation	ıs Ma	nager	
Mr. Lenny I	Rochester dress Line One		w Holding, LLC.				(Operation City	is Ma	nager	Zip Code

Mobile Phone

06254

CT

North Franklin

lennyr@dwtransport.com

Emergency Phone Email Address

140 Route 32

Business Phone

860-848-1692

Extension

Contact Role(s): Administrative Contact

Fax

860-848-2669

C	onnecticu	ut Depa	rtment	of Public	Health	Drir	ıking	g Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0530274 D	W TRANSPORT	& LEASING	INC.		N		С	38	Р	GW
Local Address (who	ere applicable)			Service	Resider	tial Co	mmerci	al Industri	al Combine	ed Agricultural
140 ROUTE 32				Connections		1				
Towns Served: FRA	ANKLIN					'			1	-
Name				Organization					Job Titl	e
Mr. David Waddin	gton			Owner						
Mailing Address Li	ne One		Mailing Addr	ess Line Two	ess Line Two Ci				State	Zip Code
140 Route 32							North F	Franklin	СТ	06254
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	Address		
860-848-1692							davidsr	@dwtransp	ort.com	
Contact Role(s):	egal Contact, O	wner					1			

Contact Role(s): Legal Contact, Owner

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	S ID PWS Name				ssification	Population	Owner Type	Primary Source			
CT0530284	THE PLANT GROUP - HEAD HOUSE				NC	70	Р	GW			
Local Address (where applicable)		Service	Resider	ntial Commercia		al Industri	al Combin	ed Agricultural			
117 POND ROAD		Connections					1				

٦	Γοw	nc 9	arv	ha	. 1	ER	Δ Λ	IKI	INI
Ш	UVV	115.3	\⊢ı v	eu		- 17/	411	INL	117

Mo	Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)										
Total Coliform (3100)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete								
	1/1/24 - 3/31/24		Complete								
	4/1/24 - 6/30/24										
	7/1/24 - 9/30/24										
Physical Parameters (PPS)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete								
	1/1/24 - 3/31/24		Complete								
	4/1/24 - 6/30/24										
	7/1/24 - 9/30/24										

Water System Facility: ENTRY POINT - HEAD HOUSE (WSF ID: 00701)

Nitrate And Nitrite (NOX)	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - HEAD HOUSE (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2024

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00701	ENTRY POINT - HEAD HOUSE	3	EP - HEAD HOUSE	Α								
58101	WELL 2	2	WELL 2	Α								
F010F	LICAD LIQUICE TDEATMENT DLAM	IT										

50105	HEAD HOUSE TREATMENT DI ANI	ī

				Contact Inf	formation					
Name				Organization	า		Job Title			
Mr. Ira Feinberg				The Plant Gr	oup Inc	President/Prop Owr				
Mailing Address Line One Mailing Addr				Address Line Two		City		State	Zip Code	
117 Pond Road					Franklin		СТ	06254		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-642-6030		860-642-	4469		860-234-1320		ira@theplantgroup.com			

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

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0530284	THE PLANT GROUP - HEAD HOUSE	NC	70	Р	GW		
Local Address (where applicable)		Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
117 POND ROAD		Connections				1	
					·	·	·

Please note the following:

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

End of schedule

		onnecticut Depa	artment of	Public H	ealth	Dı	rinkii	nσ M	/ater	Sp	ction	
	C	Water Qua						_			Ction	
PWS ID	D	WS Name	inty Monit	oring and	a Con					_	ner Tyne F	Primary Source
CT053030		HAMES VALLEY ACADEMY	OF GYMNASTICS	<u> </u>		Clas	NC	лі Рор	37	OWI	P P	GW
		ere applicable)	OI GIIVIIVASIICS	Service	Residen	tial		rcial	Industri	al	Combined	
		D - ROUTE 87		Connections	residen	ciai	Commic	reiai	maastii	ui	2	/ / Bricaltara
Towns Sei												
			Monito	oring Requ	ireme	nts						
Water Sy	/stem Fa	acility: WELL 1 (WSF ID										
E. Coli (3014)	,							1	trigg	ered (TG) per period
-	•	nt (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Pe			iance Status
_	L 1 (2)				9/28/23	- 10,	/4/23					omplete
Water Sy	/stem Fa	acility: DISTRIBUTION S	SYSTEM (WSF II	D: 00600)								•
Total Co	liform	(3100)							1	rou	tine (RT)	per quarter
		nt (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Pe			iance Status
Selec	Select from Inventory of Active Sampling Points					1/1/24 - 3/31/24						
					4/1/24 - 6/30/24							
					7/1/24 -	9/3	0/24					
Total Co	liform	(3100)								3 re	epeat (RP) per period
Sam	Sampling Point (Sampling Point ID)						Period	Collec	tion Pe	riod	Compl	iance Status
Select from Inventory of Active Sampling Points					9/29/23	- 10,	/4/23				Co	omplete
_		eters (PPS)							1	rou	tine (RT)	per quarter
		nt (Sampling Point ID)			Monitori			Collec	tion Pe	riod	-	iance Status
Selec	ct from Ir	nventory of Active Samplin	g Points	:	10/1/23 -		-				Co	omplete
					1/1/24 -							
					4/1/24 -			_				
M/-1		THE FAITPY POINT (7/1/24 -	9/3	0/24					
•		ecility: ENTRY POINT (WSF ID: 00/00)									
		rite (NOX)						o "			=	RT) per year
		nt (Sampling Point ID)			Monitori			Collec	tion Pe	rıoa		iance Status
ENIF	RY POINT	(3)			1/1/23 -						C	omplete
					1/1/24 -		•					
		VA/atau G	······································		1/1/25 -							
144		waters	ystem Facili	ty and Sar	npiing	РО	int in					
Water System	Water	System Facility	Sampling Point	Sampling Poi	nt		,	Total Coliforn	Lead n Cop			Stage
Facility IE		bystem r demey	ID	Description Description				Rule			Asbestos	WQP 2 DBP
00501	WELL 1		2	WELL 1			<u>Status</u> A					,
00600		BUTION SYSTEM	4	DISTRIBUTION	I SYSTFM]	A					
-2200			DOWNSTREAM				A					
			UPSTREAM	WITHIN 5 SER			Α					
00700	ENTRY	POINT	3	ENTRY POINT			Α					
			Con	tact Inforr	nation							
Name				rganization							Job Title	
Mr. Josep	h Cirrito							O	wner			

Zip Code

06336

State

CT

City

Gilman

Emergency Phone Email Address

Mailing Address Line Two

Mobile Phone

Fax

Mailing Address Line One

Extension

35 Stanton Road

Business Phone

	Water Quality Moni				_	,	le		
PWS ID PWS Name					ssification	Population	Owner Type	Pri	mary Source
CT0530304 THAMES VALLEY ACADEMY OF GYMNASTICS					NC	37	Р		GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	ial Indust	rial Combin	ed	Agricultural
22 LEBANON ROAD - ROUTE 87 Connec							2		
Towns Served: F	RANKLIN								

Connecticut Department of Public Health Drinking Water Section

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

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End of schedule

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

PWS ID PWS Name						Population	Owner Type	Primary Source
CT0530314 FRANKLIN MOBIL						25	Р	GW
Local Address (v	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
62 ROUTE 32		Connections					1	

Towns Served: FRANKLIN			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Qualit	y Monitoring and			U			001011	
PWS ID	PWS Name		Cla	ssification	Population	Ow	ner Type	Primary Source	
CT0530314	CT0530314 FRANKLIN MOBIL					25		Р	GW
Local Address	Service	Resider	ntial	Commercia	al Industri	ial	Combine	d Agricultural	
62 ROUTF 32	52 ROUTE 32							1	

Connecticut Department of Public Health Drinking Water Section

Towns Served: FRANKLIN

Water System Facility and Sampling Point Inventory											
Water System Facility	Sampling Point ID	Sampling Point Description	Status	Dula		Asbestos	Stage WQP 2 DBP				
	UPSTREAM	WITHIN 5 SERVICE CON	Α								
ENTRY POINT	3	ENTRY POINT	Α								
WELL 1	2	WELL 1	Α								
	Water System Facility ENTRY POINT	Water System Facility Sampling Point ID UPSTREAM ENTRY POINT 3	Water System Facility Sampling Point ID Description UPSTREAM WITHIN 5 SERVICE CON ENTRY POINT 3 ENTRY POINT	Water System Facility Sampling Point Sampling Point ID Description Status UPSTREAM WITHIN 5 SERVICE CON A ENTRY POINT 3 ENTRY POINT A	Water System Facility Sampling Point Sampling Point Coliform ID Description UPSTREAM WITHIN 5 SERVICE CON A ENTRY POINT 3 ENTRY POINT A	Water System Facility Sampling Point Sampling Point Coliform Copper	Water System Facility Sampling Point Sampling Point Coliform Copper ID Description Status Rule Rule Tier Asbestos UPSTREAM WITHIN 5 SERVICE CON A ENTRY POINT 3 ENTRY POINT A				

JOOOJ WELL I				VVLLL I	,	`			
			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. David B. Driscoll				Leemilts Pet	roleum, Inc.		President A	And Ceo	
Mailing Address Line One Mailing Add				ress Line Two			City	State	Zip Code
Two Jericho Plaza Suite 110						Jericho	icho N		11753
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ddress		
516-338-6000									
Contact Role(s): Le	gal Contact, O	wner				•			
Name				Organization			Job Title		
Mr. Matthew Rivers				Cco, LLC Sa	m'S Food Stores		Account M	anager	
Mailing Address Lin	Mailing Address Line One Mailing Add						City	State	Zip Code
2138 Silas Deane H	138 Silas Deane Highway					Rocky H	ill	СТ	06067

Emergency Phone Email Address

MatthewR@SamsFoodStores.com

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

Extension

145

Please note the following:

Business Phone

860-955-9074

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

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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

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Schedule Generation Date: 4/3/2024

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Co	onnectic	•							_		ction		
	Wa	ter Qual	lity M	lonit	oring a	ind Com	plia	nce	Sche	edule			
PWS ID PW	/S Name						Classifi	ication	Popu	lation Owi	ner Type	Primary So	ource
CT0530334 26	0 ROUTE 32						N	IC	3	5	Р	GW	
Local Address (when	re applicable)				Service	Residenti	ial Co	mmer	cial In	dustrial	Combine	ed Agricu	ltural
260 ROUTE 32					Connectio	ins		1					
Towns Served: FRAI	NKLIN				·	·	·		·	·		·	
			N	lonit	oring Re	quiremen	its						
Water System Fac	ility: DISTR	RIBUTION SY	STEM	(WSF I	D: 00600)								
Total Coliform (3	3100)									1 rou	itine (RT	') per qua	rter
Sampling Poin	t (Sampling P	oint ID)				Monitorin	g Perio	od	Collecti	ion Period	Com	oliance Sta	itus
Select from Inv	entory of Act	ive Sampling	Points			10/1/23 - 3	12/31/	/23			(Complete	
						1/1/24 - 3	3/31/2	24			(Complete	
						4/1/24 - 6	5/30/2	24					
						7/1/24 - 9	9/30/2	24					
Physical Paramet	ers (PPS)									1 rou	itine (RT	') per qua	rter
Sampling Poin	t (Sampling P	oint ID)				Monitorin	g Perio	od	Collecti	ion Period	Com	oliance Sta	itus
Select from Inv	entory of Act	ive Sampling	Points			10/1/23 - 1					(Complete	
						1/1/24 - 3					(Complete	
						4/1/24 - 6							
						7/1/24 - 9	9/30/2	24					
Water System Fac	ility: ENTR	Y POINT (W	/SF ID: (00700)									
Nitrate And Nitri	te (NOX)									1	routine	(RT) per y	year
Sampling Poin	t (Sampling P	oint ID)				Monitorin	g Perio	od	Collecti	ion Period	Com	oliance Sta	itus
ENTRY POINT (3)					1/1/23 - 1	2/31/2	23			(Complete	
						1/1/24 - 1	2/31/2	24				Complete	
						1/1/25 - 1	2/31/2	25					
		Water Sy	ystem	Facili	ity and S	Sampling I	Point	t Inv	entor	у			
Water									Total	Lead and			
System Water Sy	stem Facility	•	Sampling ID		Sampling I				-	Copper	4-64-		tage
Facility ID	ITION (NOTE)				Description			itus	Rule	Kule Her	Aspesto	s WQP 2	DBPK
00600 DISTRIBU	JTION SYSTEM		4			TON SYSTEM	_	A					
						SERVICE CON		A					
00700 FNTDV D	OINT		UPSTR			SERVICE CON		A					
00700 ENTRY P	JINI		3		ENTRY POI	INI		A					
59426 WELL 1			2		WELL 1		F	A					
				Con	tact Info	ormation							
Name				O	rganization						Job Title	9	
Mr. Samuel Piotrko	wski												
Mailing Address Lin	e One		Mailing	Addres	s Line Two				Ci	ty	State	Zip Cod	de
275 Route 32									Frankl		СТ	06254	1
Business Phone	Extension	Fax		Mobi	le Phone	Emergency I	Phone	Email	Addres	SS			
860-642-4200		860-642-7	7900										
				_									

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

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

The form of the fo										
PWS Name	Clas	ssification	Population	Owner Type	Primary Source					
260 ROUTE 32		NC	35	Р	GW					
Local Address (where applicable)				Commerci	al Industri	al Combine	ed Agricultural			
260 ROUTE 32			1							
	260 ROUTE 32 here applicable)	260 ROUTE 32	260 ROUTE 32 here applicable) Service Resider	260 ROUTE 32 here applicable) Service Residential	260 ROUTE 32 NC here applicable) Service Residential Commerci	260 ROUTE 32 NC 35 here applicable) Service Residential Commercial Industri	260 ROUTE 32 NC 35 P there applicable) Service Residential Commercial Industrial Combine			

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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End of schedule

	Co	nnectic	ut Depa	artmen	t of	Public	Health I	Orin	king	Wa	ater	Se	ction			
		Wa	ter Qua	ality Mo	nit	oring a	nd Com	oliai	nce S	Sch	edule	9				
PWS ID	PWS	Name			Classification Population Owner Type								er Type	oe Primary Source		
СТ053034	I4 ARR	OWHEAD A	CRES, LLC.					NO	2	6	53		Р		GW	
Local Add	ress (where	applicable)				Service	Residentia	al Cor	mmerci	al In	ndustria	I (Combine	d A	gricultural	
519 POND	ROAD					Connection	ns								1	
Towns Ser	rved: FRAN	KLIN														
				Mo	nit	oring Red	quiremen	ts								
Water Sy	stem Faci	ity: DISTE	RIBUTION S	SYSTEM (W	/SF I	D: 00600)										
Total Co	liform (3:	L 00)									1	rou	tine (RT)	per	quarter	
Sam	pling Point	(Sampling P	Point ID)				Monitoring Period Collection Period Compliance							e Status		
Selec	ct from Inve	ntory of Act	tive Samplin	g Points			10/1/23 - 12/31/23 Comp							lete		
							1/1/24 - 3	/31/24	1							
							4/1/24 - 6	/30/24	1							
							7/1/24 - 9	/30/24	4							
Physical	Paramete	ers (PPS)									1	rou	tine (RT)	per	quarter	
Sam	pling Point	(Sampling P	Point ID)				Monitoring	, Perio	d C	ollect	ion Peri	iod	Comp	liand	e Status	
Selec	ct from Inve	ntory of Act	tive Samplin	g Points			10/1/23 - 1	2/31/2	23				C	omp	lete	
							1/1/24 - 3	/31/24	1							
							4/1/24 - 6	/30/24	1							
							7/1/24 - 9	/30/24	4							
Water Sy	stem Faci	ity: ENTR	Y POINT (WSF ID: 00	700)											
Nitrate A	And Nitrit	e (NOX)										1 r	outine (RT)	per year	
Samj	pling Point	(Sampling P	Point ID)				Monitoring	, Perio	d C	ollect	ion Peri	iod	Comp	liand	e Status	
ENTRY POINT (3)						1/1/23 - 12	2/31/2	3				С	omp	lete		
							1/1/24 - 12	2/31/2	4							
							1/1/25 - 12	2/31/2	5							
			Water S	System Fa	acili	ity and Sa	ampling P	oint	Inve	ntoı	ſy					
Water									To	tal	Lead a	ınd				
System		tem Facility	,			Sampling P					Copp				Stage	
Facility ID				ID		Description		Stat	tus R	ule	Rule 1	Tier	Asbestos	s W	QP 2 DBPR	
00600	DISTRIBUT	TION SYSTEN	Л	4		DISTRIBUTION		Α								
						WITHIN 5 S		Α								
				UPSTREA	M		ERVICE CON	Α								
00700	ENTRY PO	INT		3		ENTRY POIN	NT	Α	ı							
59835	WELL 1			2		WELL 1		A								
				(Con	tact Info	rmation									
Name					Oı	rganization							Job Title			
Ms. Stori	Beckwith				Ar	rowhead Ac	res LLC									
Mailing Ad	ddress Line	One		Mailing Ad	dress	s Line Two				Ci	ty		State	Zi	p Code	
700 Route	e 32								North I	rankl	in		СТ	(06254	
Busines	s Phone	Extension	Fax	(1	Mobi	le Phone	Emergency P	hone	Email A	ddre	ss					

860-933-9311

arrowheadacresllc@gmail.com

860-213-0163

Contact Role(s): Administrative Contact, Legal Contact

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

				0						
PWS ID	PWS Name					Class	sification	Population	Owner Type	Primary Source
CT0530344	ARROWHEAD ACRES, LLC	c.					NC	63	Р	GW
Local Address (where applicable)			Service	Resider	esidential Comm		al Industri	al Combine	ed Agricultural	
519 POND ROAD			Connections						1	

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