	Connecticut Depart	tment o	of Public H	lealth	Drinkin	g Wate	er S	ection	
	Water Qualit	ty Mon	itoring and	d Com	pliance	Sched	ule		
PWS ID	PWS Name				Classification	Population	on Ov	vner Type Pr	imary Source
CT0810034	MIDDLEBURY FUEL				NC	25		Р	GW
Local Address (w	here applicable)		Service	Resident	ial Commer	cial Indus	trial	Combined	Agricultural
492 MIDDLEBUR	Y ROAD		Connections		1				
Towns Served: N	MIDDLEBURY				·	·			
		Moni	toring Requ	ıiremer	its				
Water System	Facility: DISTRIBUTION SYS	TEM (WSF	ID: 00600)						
Total Coliform	(3100)						1 ro	utine (RT) բ	er quarter
Sampling P	oint (Sampling Point ID)			Monitorin	g Period	Collection	Period	d Complic	ance Status
Select from	Inventory of Active Sampling Po	oints		1/1/24 - 3	3/31/24			Coi	mplete
				4/1/24 - 6	5/30/24				
				7/1/24 - 9	9/30/24				
Physical Parar	• •							utine (RT) բ	•
	oint (Sampling Point ID)			Monitorin	9	Collection	Period		ance Status
Select from	Inventory of Active Sampling Po	oints		10/1/23 - 1					mplete
				1/1/24 - 3				Соі	mplete
				4/1/24 - 0					
	- 111		-)	7/1/24 - 9	9/30/24				
•	Facility: ENTRY POINT (WS	F ID: 0070	0)						
Nitrate And N	• •							L routine (R	
	oint (Sampling Point ID)			Monitorin		Collection	Period	-	ance Status
ENTRY POIN	N1 (3)			1/1/23 - 1					mplete
				1/1/24 - 1 1/1/25 - 1				Coi	mplete
		Other	Compliance						
Compliance Sch	edule Activity	O CITICI	compliance		ue Date	Acl	hiever	l Date	
RESPOND TO SA	<u> </u>				/14/2020	Aci	nevec	Dute	
INEST OND TO SA		oublic Na	atification B						
		ublic No	otification R	•					160
Violation/Situat	ion		Compliance Period	Notice Tier		<u>Notificatio</u>	_		<u>ification</u>
Total Coliform N		1	1/11 - 6/30/11	2	10/6/201			Due to DPH 10/16/2011	Received
	ters M&R Violation		/1/11 - 6/30/11	3	9/5/2012			9/15/2012	
r ilysical raraffie				_	1 1			3/13/2012	
	water sys	tem Fac	ility and Sar	npling					
Water System Wate	r System Facility Sa	mnlina Poir	nt Sampling Poi	nt			ad and opper	_	Stago
Facility ID	a system rucinty su	inpling Foli ID	Description	<i></i>		-			Stage WQP 2 DBPR
-	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	<u>Status</u> A	Y Y			
33333 21311			M WITHIN 5 SER		A	•			
		UPSTREAM	WITHIN 5 SER		A				
00700 ENTR	Y POINT	3	ENTRY POINT		A				
21418 WELL		2	WELL		A				
			ntact Inform	mation	- '				
		CO	intact iniori	Hation					

Asset Management Inc.

Job Title

State

Zip Code

06762

President

City

Middlebury

Organization

Mailing Address Line Two

Name

Mr. Alamgir Hossain

492 Middlebury Road

Mailing Address Line One

	Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Quality	Monit	oring an	id Con	npli	iance S	Schedul	e			
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source		
TO810034 MIDDLEBURY FUEL							NC	25	Р	GW		
Local Address (w	here applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural		
492 MIDDLEBUR	Y ROAD			Connections	5		1					
Towns Served: N	1IDDLEBURY				·			·				
Business Phone	e Extension	Fax	Mobil	le Phone E	Emergency	/ Pho	ne Email A	Address				
917-929-0935							assetm	ngtinc4@gm	ail.com			
Contact Dala(a)	A alua i a i a tura ticoa	Camback acal Ca										

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

	Connection D	nortes -	14 of D. 1	alia II	ام ما الماء	D.	مندا مند	~ TA7	oto	Ca	ations	
	Connecticut De	•						_			ction	
	Water Q	uality M	onitorin	ng and	d Com	ıpl	iance	Sch	edule	5		
PWS ID	PWS Name					Clas	ssification	Рори	ulation	Owne	er Type Pr	imary Source
CT0810114	HIGHFIELD, INC.		-				NC		25		Р	GW
	(where applicable)		Servi		Residen	tial	Commer	cial I	ndustria	l (Combined	Agricultural
256 WHITE DE	ER ROCK ROAD		Conn	ections			1					
Towns Served:	MIDDLEBURY											
		M	onitoring	g Requ	ireme	nts						
Water Systen	m Facility: DISTRIBUTIO	N SYSTEM (WSF ID: 006	500)								
Total Colifor	m (3100)								1	rout	ine (RT) p	er quarter
	Point (Sampling Point ID)				Monitori	ng P	eriod	Collec	tion Peri			ance Status
	m Inventory of Active Samp	ling Points			10/1/23 -						Cor	mplete
	· ·				1/1/24 -							mplete
					4/1/24 -							· · · · · · · · · · · · · · · · · · ·
					7/1/24 -							
Physical Para	ameters (PPS)								1	rout	ine (RT) p	er quarter
Sampling	Point (Sampling Point ID)				Monitori	ng P	eriod	Collec	tion Peri	od	Complia	ance Status
Select fro	m Inventory of Active Samp	ling Points			10/1/23 -	12/3	31/23				Cor	mplete
					1/1/24 -	3/3:	1/24				Cor	mplete
					4/1/24 -							
					7/1/24 -							
Water Systen	m Facility: ENTRY POINT	(WSF ID: 0	0700)									
Nitrate And	Nitrite (NOX)								1	rout	ine (RT) p	er quarter
	Point (Sampling Point ID)				Monitori	ng P	eriod	Collec	tion Peri			ance Status
ENTRY PC	DINT (3)				10/1/23 -	12/3	31/23				Cor	mplete
					1/1/24 -	3/3:	1/24				Cor	mplete
					4/1/24 -	6/30	0/24					_
					7/1/24 -	9/30	0/24					
		Oth	er Comp	liance	Sched	lule	es					
Compliance So	chedule Activity					_	Date		Achiev	ed D)ate	
-	CTION SURVEY REPORT						2025					
		Dublic	Notifica	tion R								
		rubiic	1		· ·			Natifia	antin in		DN/ Comb	ifi a matia m
Violation/Situ	ation		Complic Perio		Notice Tier		Public I	_			PN Certi	_
-	trite M&R Violation		7/1/04 - 9		2		Require 0 2/18/200		rformed		<i>le to DPH</i> /28/2005	Received
With die And Wi		r System I							rv	2/	20/2003	
Water	vvate	Jysteili	racility al	ilu Sai	iipiiiig	FU		Total	Lead a	und		
	ter System Facility	Samplina	Point Samp	olina Poi	nt			oliform				Stage
Facility ID		ID		ription		9		Rule			Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTF	RIBUTION	I SYSTEM		Α	Υ				
		DOWNST	REAM WITH	IIN 5 SER	VICE CON	٧	Α					
		HIFIELD	001 KITCH	IEN HAN	D WASH		Α	Υ				
		HIFIELD	002 FIRST	FLOOR	BATH		Α	Υ				
		HIFIELD	003 BEVE	RAGE SI	٧K		Α	Υ				
		HIFIELD	004 SECO	ND FLOO	OR BATH		Α	Υ				
		HIFIELD	005 SECO	ND FLOC	OR LOCKE	R	Α	Υ				
		HIFIELD	006 KITCH	IEN SINK	. 2		Α	Υ				

KITCHEN SINK 3

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HIFIELD007

	Water Quality Monitoring and Compliance Schedule											
PWS ID	/S ID PWS Name					Classification Population Owner Type		Primary Source				
CT0810114 HIGHFIELD, INC.					NC	25	Р	GW				
Local Address (v	Service	Residential		Commerci	al Industri	al Combine	ed Agricultural					
256 WHITE DEE	Connections			1								

	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		age BPR		
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21425	WELL	2	WELL	Α							
55784	ATMOSPHERIC STORAGE										
62853	TREATMENT										

			Co	ntact Inf	ormation			
Name				Organization	l		Job Title	9
The White Deer Ro	ck Land Corpo	ration						
Mailing Address Lin	e One	Mail	ing Addre	ess Line Two		City	State	Zip Code
33 Porter Hill Rd						Bethlehem	СТ	06751-2307
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address		
						office@highfieldclub	.com	
Contact Role(s): O	wner		,					
Name				Organization	ı		Job Title	9
Mr. Gregory Jacobi				The White D	eer Rock Land Corp.	President		
Mailing Address Lin	e One	Mail	ing Addre	ess Line Two		City	State	Zip Code
70 Tuttle Road						Woodbury	СТ	06798
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address		
203-598-3312								
Contact Role(s): Le	gal Contact		,					
Name				Organization	1		Job Title	9
Mr. Bruce Vass				Highfield Inc		General Ma	nager	
Mailing Address Lin	e One	Mail	ing Addre	ess Line Two		City	State	Zip Code
256 White Deer Roo	ck Road					Woodbury	СТ	06762
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address		
203-798-9101					702-759-3815	office@highfieldclub	.com	
Contact Role(s): A	dministrative (Contact			•			

Please note the following:

Towns Served: MIDDLEBURY

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	0		'D 11/ **	1.1 -					
	Connecticut Dep	partment of	Public H	ealth D	rinki	ing W	ater Se	ection	
	Water Qu	iality Monit	oring and	d Comp	oliano	e Sch	edule		
PWS ID	PWS Name							ner Type Pr	rimary Source
CT0810124	HOP BROOK LAKE REC AR	EA (FIRST CS)			NC		25	F	GW
Local Address (w	here applicable)		Service	Residentia	I Comm	nercial I	ndustrial	Combined	Agricultural
ROUTE 63			Connections	2					
Towns Served: N	1IDDLEBURY						-		
		Monito	oring Requ	irement	ts				
Water System I	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliform	(3100)						1 rc	outine (RT)	per month
Sampling P	oint (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
Select from	Inventory of Active Sampl	ing Points		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				
Physical Paran	neters (PPS)						1 rc	outine (RT)	per month
Sampling P	oint (Sampling Point ID)			Monitoring		Collec	tion Period	Compli	ance Status
Select from	Inventory of Active Sampl	ing Points		5/1/24 - 5/					
				6/1/24 - 6/					
				7/1/24 - 7/					
				8/1/24 - 8/	-				
				9/1/24 - 9/	/30/24				
Water System I	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Ni	•						1	=	T) per year
	oint (Sampling Point ID)			Monitoring		Collec	tion Period	Compli	ance Status
ENTRY POIN	NT (3)			1/1/23 - 12				Со	mplete
				1/1/24 - 12					
				1/1/25 - 12					
		Other Co	ompliance	Schedu	les				
Compliance Sch	edule Activity			Du	e Date		Achieved	Date	
SEASONAL STAR	T UP COMPLETION			5/1	5/2024				
	Water	System Facili	ty and Sar	npling P	oint Ir	rvento	ry		
Water	C					Total	Lead and	1	_
*	r System Facility	Sampling Point ID	Sampling Poil Description	זנ	_	Coliform		Achactas	Stage WQP 2 DBPR
Facility ID	IDLITION CVCTCA			I CC \A/A!!	Status ^	Rule	Kule He	ASDESIOS	WUR ZUDPK
00600 DISTR	IBUTION SYSTEM	4 4MSE	FOUNTAIN ON MENS ROOM		A	Y Y			
		4MSW	MENS ROOM		A A	Ϋ́			
		4WSE	WOMENS SIN	-	A	Ϋ́			
		4WSW	WOMENS SIN		A	Υ			
		DOWNSTREAM			A	'			
		UPSTREAM	WITHIN 5 SER		A				
		0. 011(E/ (IV)			, · ·				

ENTRY POINT

WELL1

3

2

00700 ENTRY POINT

PRESSURE STORAGE

22821 WELL1

57031

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

				1			
PWS ID	PWS Name			Classificatio	n Population	Owner Type	Primary Source
CT0810124	HOP BROOK LAKE REC AREA (FIRST CS)			NC	25	F	GW
Local Address (where applicable)	Service	Residen	tial Comme	cial Industr	ial Combin	ed Agricultural
ROUTE 63		Connections	2				

•	Lontact Int	ormation					
	Organization	1			Job Title		
	Us Army Cor	ps of Engineers		Project Ma	nager		
Mailing Add	dress Line Two			City	State	Zip Code	
			Middleb	ury	СТ	06762	
x N	Nobile Phone	Emergency Phone	Email Ad	ldress			
2	203-509-9708		diana.j.e	rrico-topolski@usace.army.mil			
a	ax N	Us Army Cor Mailing Address Line Two	Mobile Phone Emergency Phone	Us Army Corps of Engineers Mailing Address Line Two Middleb ax Mobile Phone Emergency Phone Email Ac	Us Army Corps of Engineers Project Ma Mailing Address Line Two City Middlebury ax Mobile Phone Emergency Phone Email Address	Us Army Corps of Engineers Project Manager Mailing Address Line Two City State Middlebury CT Ax Mobile Phone Emergency Phone Email Address	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

End of schedule

	Connecticut Departmen	nt of Dublic L	Joalth	Dr	inkino	TMato	r	Soction	
	Water Quality M				_				
PWS ID	PWS Name	officoring an	u con	_	sification				Primary Sourc
CT0810144	LAKE QUASSAPAUG OUTING CLUB			Clas	NC	25	11 0	P	GW
	where applicable)	Service	Residen	ntial	Commerci		trial	Combine	_
2328 MIDDLEBU	<u> </u>	Connections	Residen	itiai	1	ai iliuus	Litai	Combine	Agriculture
Towns Served: I									
TOWNS SCIVEG.		lonitoring Requ	ıireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM (
Total Coliforn		,,					1	routine (R1) per month
	Point (Sampling Point ID)		Monitori	ina Pe	eriod C	ollection I		=	liance Status
	n Inventory of Active Sampling Points		5/1/24 -				-	Jonnp	
			6/1/24 -						
			7/1/24 -						
			8/1/24 -						
			9/1/24 -						
Physical Para	meters (PPS)			-	<u>.</u>		1	routine (R1) per month
•	Point (Sampling Point ID)		Monitori	ing Pe	eriod C	ollection I		=	liance Status
Select fron	n Inventory of Active Sampling Points		5/1/24 -	- 5/31	1/24				
			6/1/24 -	- 6/30	0/24				
			7/1/24 -	- 7/31	1/24				
			8/1/24 -	- 8/31	1/24				
			9/1/24 -	- 9/30	0/24				
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate And N	Nitrite (NOX)							-	RT) per year
Sampling I	Point (Sampling Point ID)		Monitori	ing Pe	eriod C	ollection I	Perio	d Comp	liance Status
ENTRY POI	INT (3)		1/1/23 -	12/3	1/23	5/1-9/3	80	C	omplete
			1/1/24 -	12/3	1/24	5/1-9/3	80		
			1/1/25 -	12/3	1/25	5/1-9/3	30		
	Oth	ner Compliance	Sched	dule	:S				
Compliance Sch	nedule Activity			Due L	Date	Ach	ieve	ed Date	
SEASONAL STAF	RT UP COMPLETION			5/1/2	2024				
	Public	c Notification F	Require	eme	nts				
		Compliance	Notice	2	<u>Public N</u>	otification	1	PN Ce	rtification
Violation/Situa		Period	Tier		Required	Perforn	ned	Due to DPI	
	rbidity MCL Violation	4/1/05 - 6/30/05	2		3/18/2005			8/28/2005	
	COLIFORM RULE (RTCR) TT Violation	5/2/20 - 5/21/21	2		1/22/2021			2/1/2021	
REVISED TOTAL	COLIFORM RULE (RTCR)	5/30/23 - 12/18/23	3	1	2/19/2024	1		12/29/202	4
	Water System	Facility and Sai	mpling	Poi	int Inve	ntory			
Water					To	otal Lea	ıd ar	nd	

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 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							
21427	WELL	2	WELL	Α							

	Water Quality Mor	nitoring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source
CT0810144 LAKE QUASSAPAUG OUTING CLUB					NC	25	Р	GW
Local Address	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
2328 MIDDLEE	Connections			1				

			Co	ontact Inf	ormation					
Name				Organization	1			Job Title		
Mr. John McDonald	d			Margaret K.	McDonald Estate		Administrator			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
325 Central Road	25 Central Road		P O Box 75			Middleb	ury	СТ	06762	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
203-758-8907					203-758-1153					
Contact Role(s): Le	egal Contact		<u>'</u>							
Name				Organization	1			Job Title		
Mr. Tom A. McDon	ald						Manager			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
P O Box 75						Middleb	ury	СТ	06762	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress			
203-758-8907					203-723-4431	TOMM@	NSISERV.CO	DM		
Contact Role(s): A	dministrative Co	ontact								

Please note the following:

Towns Served: MIDDLEBURY

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	lealth	Drink	ing V	Water S	Section	
Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source NC 27 L GW Local Address (where applicable) Service Connections Industrial Commercial Industrial Combined Agricultural ROUTE 64 Connections Industrial Commercial Industrial Combined Agricultural Towns Served: MIDDLEBURY Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Monitoring Period Songling Point (Sompling Point ID) Monitoring Period Collection Period Compliance Status \$1/124 - 6/30/24 7/11/24 - 7/31/24 \$1/124 - 9/30/24 Physical Parameters (PPS) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitoring Period Songling Point ID) Monitoring Period Collection Period Compliance Status \$1/124 - 6/30/24 7/11/24 - 7/31/24 \$1/124 - 9/30/24 Physical Parameters (PPS) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status \$1/124 - 9/31/24 \$1/124 - 9/31/24 \$1/124 - 9/30/24 Water System Facility: ENTRY POINT (WSF ID: 00700) NITITED AND NITITED (Sampling Point ID) Monitoring Period Collection Period Compliance Status \$1/1/24 - 1/31/24 \$1/1/24 - 1/31/24 \$1/1/24 - 1/31/24 \$1/1/24 - 1/31/24 \$1/1/24 - 1/31/24 \$1/1/25 - 1/31/25 \$1/1/24 - 1/31/24 \$1/1/24 - 1/3								
PWS ID								Primary Source
CT0810204	MIDDLEBURY RECREATION PARK			NC		27	L	GW
Local Address (where applicable)	Service	Residen	tial Comm	nercial	Industrial	Combine	ed Agricultural
ROUTE 64		Connections		1	L			
Towns Served:	MIDDLEBURY							
	Мо	nitoring Requ	uireme	nts				
Water System	Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)						
	•					1	routine (R	T) per month
					Coll	lection Perio	od Com _l	oliance Status
Select fron	n Inventory of Active Sampling Points							
		I routine (RT) per mont Monitoring Period Collection Period Compliance Status						
			9/1/24 -	9/30/24				
_							' - '	
					Coll	lection Perio	od Com	oliance Status
Select fror	n Inventory of Active Sampling Points							
			9/1/24 -	9/30/24				
Water System	Facility: ENTRY POINT (WSF ID: 007	700)						
					Coll			
ENTRY PO	INT (3)					5/1-9/30	(Complete
			1/1/25 -	12/31/25		5/1-9/30		
Water System	Facility: WELL (WSF ID: 21432)							
-	•						-	- •
	Point (Sampling Point ID)				Coll	lection Perio	od Com	oliance Status
WELL (2)								
		-						
			9/1/24 -	9/30/24				
	Othe	r Compliance	Sched	lules				
Compliance Sch	hedule Activity		ı	Due Date		Achieve	ed Date	
CEACONAL CEAL	DT LID COMPLETION			F /1 /2024				

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

5/1/2024 3/1/2025

SEASONAL START UP COMPLETION

CROSS CONNECTION EXEMPTION

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

Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name					ssification	Population	Owner Type Prima		mary Source		
CT0810204	CT0810204 MIDDLEBURY RECREATION PARK				NC	27	L	GW			
Local Address	Service	Resider	ntial	Commerci	al Industri	al Combin	ed	Agricultural			
ROUTE 64		Connections			1						

Towns Served: MIDDLEBURY

	,	Water Sy	stem Fa	cility and S	Sampling Poir	nt Inve	entor	у		
Water						_	otal	Lead and		-
- / /	stem Facility	3		oint Sampling			liform	Copper		Stage
Facility ID			ID	Description	on St	atus l	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00700 ENTRY PO	TNIC		3	ENTRY PO	INT	Α				
21432 WELL			2	WELL		Α				
			C	ontact Inf	ormation					
Name				Organization					Job Title	
Mr. Edward B. St. Jo	hn			Town of Mid	dlebury		First	Selectmar	า	
Mailing Address Line	e One		Mailing Add	lress Line Two			Cit	ЗУ	State	Zip Code
1212 Whittemore Ro	oad		P O Box 392	2		Middle	ebury		СТ	06762
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phon	e Email	Addres	S		
203-758-2439					203-577-4028	RECRE	ATION	@MIDDLE	BURY-CT.O	RG
Contact Role(s): Le	gal Contact									
Name				Organization	l				Job Title	
Mr. Peter C. Vaccare	elli			Dept. of Pub	lic Works		Assi	stant Direc	tor	
Mailing Address Line	e One		Mailing Add	lress Line Two			Cit	Ту	State	Zip Code
1 Service Rd.						Middle	ebury		СТ	06762
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phon	e Email	Addres	S		
203-577-4170		203-577-4	168			pvacca	arelli@	middlebury	y-ct.org	
Contact Role(s): Ad	lministrative (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.
- 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

Schedule Generation Date: 4/3/2024

Co	onnecticu	it Depart	ment of	Public	Health	Drin	king V	V ate	r Se	ection		
	Wat	er Qualit	y Monit	oring ar	nd Com	pliar	ice Sc	hedu	ıle			
PWS ID PV	/S Name		/							ner Type	Primary S	ource
CT0810214 QU	JASSAPAUG SA	ILING CENTER,	INC.			NC	:	25		Р	GW	
Local Address (whe	re applicable)			Service	Resident	ial Con	nmercial	Indust	rial	Combine	d Agricu	ltural
WEST LAKE ROAD				Connection	S		1					
Towns Served: MID	DLEBURY				l l		I				l	
			Monit	oring Req	uiremer	nts						
Water System Fac	cility: DISTRI	BUTION SYST	EM (WSF I	D: 00600)								
Total Coliform (3	3100)								1 ro	utine (RT)	per qua	rter
Sampling Poin	t (Sampling Po	int ID)			Monitorin	g Perio	d Coll	ection P	Period	Comp	liance Sta	ntus
Select from Inv	entory of Activ	e Sampling Poi	nts		4/1/24 - 0	6/30/24	,					
					7/1/24 - 9	9/30/24						
Physical Parame	ters (PPS)								1 ro	utine (RT)	per qua	rter
Sampling Poin	t (Sampling Po	int ID)			Monitorin	g Perio	d Coll	ection P	Period	Comp	liance Sta	ıtus
Select from Inv	entory of Activ	e Sampling Poi	nts		4/1/24 - 6	6/30/24		6/1-6/3	0			
					7/1/24 - 9	9/30/24						
Water System Fac	cility: ENTRY	POINT (WSF	ID: 00700)									
Nitrate And Nitri	te (NOX)								1	routine (RT) per y	year
Sampling Poin	t (Sampling Po	int ID)			Monitorin	g Perio	d Coll	ection P	Period	Comp	liance Sta	itus
ENTRY POINT	3)				1/1/23 - 1	.2/31/2	3			C	omplete	
					1/1/24 - 1	.2/31/2	4					
					1/1/25 - 1	.2/31/2	5					
			Other C	omplianc	e Schedi	ules						
Compliance Schedu	le Activity				D	ue Date	?	Ach	ieved	Date		
RESPOND TO SANIT	ARY SURVEY				8/	19/201	8					
SEASONAL START U	P COMPLETION	J			6	/1/2024	1					
	1	Water Syst	em Facil	ity and Sa	ampling I	Point	Invent	tory				
Water		-					Tota	ıl Lea	d and	1		
System Water S	ystem Facility	San	npling Point	Sampling Po			Colifo	rm Co	pper		S	tage
Facility ID			ID	Description		Stat	us Rule	e Rul	le Tier	Asbesto	WQP 2	DBPI
00600 DISTRIBU	JTION SYSTEM		4	DISTRIBUTIO	ON SYSTEM	Α	Υ					
		DO	WNSTREAM	WITHIN 5 SE	ERVICE CON	Α						
		U	PSTREAM	WITHIN 5 SE	ERVICE CON	Α						
00700 ENTRY P	OINT		3	ENTRY POIN	IT	Α						
21433 WELL			2	WELL		Α						
			Con	tact Info	rmation							
Name			0	rganization						Job Title		
Mr. Joel Zackin			Q	uassapaug Sa	iling Center			General	Mana	ager		
Mailing Address Lin	e One	Ma	iling Addres	s Line Two				City		State	Zip Cod	de
P.O. Box 231							Middlebu	ıry		СТ	06762	2
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Add	dress				
Name Mr. Joel Zackin Mailing Address Lin P.O. Box 231			O Q iling Addres	rganization uassapaug Sa s Line Two	iling Center		Middlebu	City	Mana	State	Zip C	

203-907-9483

joel.zackin871@gmail.com

203-495-9431

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

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

	20101109 1 101110	9 8		- P	<i>y</i>		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0810214	QUASSAPAUG SAILING CENTER, INC.			NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial Commerci	al Industri	ial Combine	ed Agricultural
WEST LAKE ROA	AD	Connections		1			

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End of schedule

	Connecticut Department	of Public F	laalth	Dri	nking	Water	So	ction	
					Ŭ			Ction	
PWS ID	Water Quality Mon	intornig an	u Con	_				oer Type P	rimary Sourc
CT0810224	QUASSY AMUSEMENT PARK				NC	325	OWI	P P	GW
	where applicable)	Service	Residen		ommercia		al	Combined	
	URY ROAD (ROUTE 64)	Connections			1				
Towns Served:		l l							
	Mo	nitoring Requ	uireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM (W								
Total Colifor	•					2	rou	tine (RT)	per quarter
	Point (Sampling Point ID)		Monitori	ing Per	riod Co	llection Pe			iance Status
Select fror	m Inventory of Active Sampling Points		10/1/23 -	- 12/31	./23			Co	mplete
			4/1/24 -	- 6/30/	24				
			7/1/24 -	- 9/30/	24				
Physical Para	meters (PPS)					2	rou	tine (RT)	per quartei
Sampling	Point (Sampling Point ID)		Monitori	ing Per	riod Co	llection Pe	riod	Compl	iance Status
Select from	m Inventory of Active Sampling Points		10/1/23 -	- 12/31	./23	10/1-11/1		Co	omplete
			4/1/24 -	- 6/30/	24				
			7/1/24 -	- 9/30/	24				
Water System	Facility: ENTRY POINT - WELL #1 (M	AIN) (WSF ID: 0	0700)						
Nitrate And I	Nitrite (NOX)						1	routine (I	RT) per yeaı
Sampling	Point (Sampling Point ID)		Monitori	ing Per	riod Co	llection Pe	riod	Compl	iance Status
ENTRY PO	INT - WELL #1 (3)		1/1/23 -	12/31,	/23			Co	omplete
			1/1/24 -	12/31,	/24				
			1/1/25 -	12/31,	/25				
Water System	n Facility: ENTRY POINT - WELL #2 (Be	OCCE) (WSF ID:	00702)						
Nitrate And I	Nitrite (NOX)						1	routine (I	RT) per yeaı
Sampling	Point (Sampling Point ID)		Monitori	ing Per	riod Co	llection Pe	riod	Compl	iance Status
ENTRY PO	INT - WELL #2 (3-2)		1/1/23 -	12/31,	/23			Co	mplete
			1/1/24 -	12/31,	/24				
			1/1/25 -	12/31,	/25				
	Othe	r Compliance	Sched	dules					
Compliance Sci	hedule Activity			Due Do	ate	Achie	ved I	Date	
SEASONAL STA	RT UP COMPLETION			4/1/20)24				
CLIDIAIT LEAD C	SERVICE LINE INVENTORY			0/16/2					

Other Co	ompliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
SEASONAL START UP COMPLETION	4/1/2024		
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024		
COMPLETE INITIAL LSL INVENTORY	10/16/2024		
CROSS CONNECTION SURVEY REPORT	3/1/2025		

	Water S	System Facili	ity and Sampling P	oint Ir	ventor	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4-1	DISTRIBUTION SYSTEM	Α	Υ				
		4-2	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - WELL #1 (MAIN)	3	ENTRY POINT - WELL #	Α					
00702	ENTRY POINT - WELL #2 (BOCCE)	3-2	ENTRY POINT - WELL #	Α					

	domineed bepar thrent of 1 abile fredicti Drinking water beetion										
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	e				
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source			
CT0810224	0810224 QUASSY AMUSEMENT PARK				NC	325	Р	GW			
Local Address	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultura	Ī			
2132 MIDDLE	Connections			1							

Towns Served: MIDDLEBURY

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Dula	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
21434	WELL #1 (MAIN)	2-1	WELL #1	Α					
58422	WELL #2 (BOCCE COURT)	2-2	WELL #2	А					

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYST	EM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
WEID, JEREMIAH J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2025
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2024
MCCORMACK, ROBERT T.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	9/30/2025

Meconimack, Robert 1.					ENATOR WATER TREATMENT LANT OF ENATOR CLASS 1 3750				
			Co	ontact Inf	ormation				
Name				Organization Job Title					
Mr. Eric Anderson							Owner		
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code
531 Upper Grassy H	ill Road					Woodbu	ry	СТ	06798
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address			
203-758-2913	100	203-758-2	1436 20	3-410-4582		eanderson@quassy.com			
Contact Role(s): Ac	dministrative	Contact, Leg	al Contact						

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

End of schedule

Schedule Generation Date: 4/3/2024

Emergency Phone Email Address

sbcquassy@outlook.com

Mobile Phone

203-217-2601

Business Phone

203-758-8480

Extension

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

Fax

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

	गायका व्यवनाकु गावागक	31 1118 GIII	0. 0011	· · P ·		701100101		
PWS ID PWS Name			Classification		Population	Owner Type	Primary Source	
CT0810244	SANDY BEACH SWIM CLUB				NC	25	Р	GW
Local Address (Local Address (where applicable)			tial Commerc		al Industri	al Combine	ed Agricultural
3 SANDY BEACH ROAD		Connections			1			

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

End of schedule

	Connecticut De	•							n	
	Water Q	uality Monit	oring and	d Comp	lianc	e Scl	nedul	9		
PWS ID	PWS Name			Cla	ssificati	on Po	oulation	Owner Ty	pe Pı	rimary Source
CT081028	4 MAPLES RESTAURANT				NC		25	Р		GW
Local Add	ress (where applicable)		Service	Residential	Comm	ercial	Industria	l Coml	oined	Agricultural
725 STRAI	TS TURNPIKE		Connections		1					
Towns Ser	ved: MIDDLEBURY								-	
		Monito	oring Requ	irements	S					
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)						1	routine	(RT)	per quarter
Sam	oling Point (Sampling Point ID)			Monitoring I	Period	Colle	ction Per	iod C	ompli	ance Status
Selec	t from Inventory of Active Samp	oling Points	1	10/1/23 - 12	/31/23				Со	mplete
				1/1/24 - 3/3	31/24				Со	mplete
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Physical	Parameters (PPS)						1	routine	(RT) [per quarter
Samı	oling Point (Sampling Point ID)		1	Monitoring I	Period	Colle	ction Per	iod C	ompli	ance Status
Selec	t from Inventory of Active Samp	ling Points	1	10/1/23 - 12	/31/23				Co	mplete
				1/1/24 - 3/3	31/24				Co	mplete
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1 routi	ne (R	RT) per year
Samı	oling Point (Sampling Point ID)		1	Monitoring I	Period	Colle	ction Per	iod C	ompli	ance Status
ENTR	RY POINT (3)			1/1/23 - 12/	31/23				Со	mplete
				1/1/24 - 12/	31/24				Со	mplete
				1/1/25 - 12/	31/25					
	Wate	r System Facili	ity and San	npling Po	oint Ir	vent	ory			
Water						Total				
System		Sampling Point		nt		· ·	п Сорр			Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier Asb	estos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ				
		DOWNSTREAM			A					
20722	ENTRY ROUNT	UPSTREAM	WITHIN 5 SER	VICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT		A					
21440	WELL	2	WELL		Α					
62370	WATER SOFTENER TREATMENT	<u> </u>								
		Con	tact Inforn	nation						
Name			rganization					Job	Γitle	
Mr. Ferna	ndo Marcone	М	arcone Enterpr	ises		P	resident			
Mailing Ad	ddress Line One	Mailing Address	s Line Two				City	Sta	te	Zip Code
725 Straig	hts Turnpike				Mi	ddlebur	У	С	Γ	06762
	at the state of th		1 51 =	D.I.	_	*1 A I I				

Mobile Phone

Emergency Phone Email Address

Business Phone

203-758-2502

Extension

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

Fax

203-758-8661

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
CT0810284	MAPLES RESTAURAN	Т					NC	25	Р	GW
Local Address (where applicable)		Service	Resider	itial Commerc		al Industri	al Combine	ed Agricultural		
725 STRAITS TURNPIKE		Connections			1					

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End of schedule

	Connecticut Department of Public Health Drinking Water Section								
Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	Classification Population		Owner Type	Primary Source	
CT0810304	HOP BROOK LAKE REC AREA (WEST LAWN C	S)			NC	25	F	GW	
Local Address	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural		
ROUTE 63	Connections			1					

TOWIS Served. MIDDLEBORT							
Monitorii	ng Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)						
Total Coliform (3100) 1 routine (RT) per mo							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	6/1/24 - 6/30/24						
	7/1/24 - 7/31/24						
	8/1/24 - 8/31/24						
	9/1/24 - 9/30/24						
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	6/1/24 - 6/30/24						
	7/1/24 - 7/31/24						
	8/1/24 - 8/31/24						
	9/1/24 - 9/30/24						
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete				
	1/1/24 - 12/31/24		Complete				
	1/1/25 - 12/31/25						
Oth or Core	ulianaa Cabadulaa						

Other	compliance schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 SEASONAL START UP COMPLETION
 5/15/2024

0 = 7 10 0 1 17 1		<u> </u>	5, 25	, === :					
Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		age DBPR
00600	DISTRIBUTION SYSTEM	ION SYSTEM 4 FOUNTAIN ON CS V 4MSN MENS RM SINK 4MSS MENS RM SINK SO 4WSC WOMENS RM SINK	FOUNTAIN ON CS WALL	Α	Υ				
		4MSN	MENS RM SINK	Α	Υ				
		4MSS	MENS RM SINK SOUTH	Α	Υ				
		4WSC	WOMENS RM SINK CENTE	Α	Υ				
		4WSN	WOMENS SINK NORTH	Α	Υ				
		4WSS	WOMENS RM SINK SOUTH	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
		WMSS	MENS RM SINK SOUTH	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
22831	WELL 1	2	WELL 1	Α					
56919	WELL 2	2	WELL 2	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.

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

PWS ID PWS Name					cation P	opulation	Owner Type	Primary Source
CT0810304	CT0810304 HOP BROOK LAKE REC AREA (WEST LAWN CS)			NC	2	25	F	GW
Local Address (Service	Residen	tial Con	mmercial	Industria	al Combine	ed Agricultural	
ROUTE 63		Connections			1			

		Co	ontact Inf	ormation					
				Organization			Job Title		
				ps of Engineers	Project Manager				
Mailing Address Line One Mailing Addr				ess Line Two			State	Zip Code	
					Middleb	ury	СТ	06762	
Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address				
		20:	3-509-9708		diana.j.e	ana.j.errico-topolski@usace.army.mil			
	e One	e One	p polski e One Mailing Addr Extension Fax Mo	Organization Opolski Us Army Cor e One Mailing Address Line Two	Popolski Us Army Corps of Engineers e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Us Army Corps of Engineers e One Mailing Address Line Two Middleb Extension Fax Mobile Phone Emergency Phone Email Ac	Organization Us Army Corps of Engineers Project Ma e One Mailing Address Line Two City Middlebury Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Opolski Us Army Corps of Engineers Project Manager e One Mailing Address Line Two City State Middlebury CT Extension Fax Mobile Phone Emergency Phone Email Address	

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule