	Connecticut De	nartment of	Dublic Hool+	h Drinki	ing Wat	tor So	ction	
	Connecticut De	•					Ction	
DIAIC ID		uanty Monit	oring and Co				- D:	
PWS ID	PWS Name					tion Own	er Type Prim	
CT0820461				NC	25		L	GW
	ess (where applicable)		Service Reside			ustrial	Combined A	gricultural
	VILLE ROAD		Connections 1	1	<u> </u>			
Towns Serv	ed: MIDDLEFIELD							
Mator Suc	tom Encility: DISTRIBUTIO		oring Requirem	ents				
	tem Facility: DISTRIBUTIO	VIN STSTEINT (WSFT	J: 00600)			1	tina (DT) nas	
	form (3100) ling Point (Sampling Point ID)		Monito	ring Period	Collection		tine (RT) per <i>Compliand</i>	-
-	from Inventory of Active Sam	nling Doints		3 - 12/31/23	Conection	ii Periou	Comp	
Select	from inventory of Active Sam	pillig Politis		1 - 3/31/24			Comp	
				1 - 6/30/24			Сопр	nete
				1 - 6/30/24 1 - 9/30/24				
Dhysical D	Parameters (PPS)		//1/24	+ - 3/30/24		1 rous	tine (RT) per	r quarter
_	ing Point (Sampling Point ID)		Monito	ring Period	Collection		Compliand	•
-	from Inventory of Active Sam	nling Points		3 - 12/31/23	Conection	Trenou	Comp	
Scicce	Trom inventory of Active Sum	pinig i onits		1 - 3/31/24			Comp	
				1 - 6/30/24			Comp	
				1 - 9/30/24				
Water Sys	tem Facility: ENTRY POIN	T - WFII 3 (WSFIF		. 3,30,21				
•	nd Nitrite (NOX)					1 .	routine (RT)	nor voar
	ling Point (Sampling Point ID)		Monito	ring Period	Collection		Compliand	
_	/ELL 3 (3)			- 12/31/23	Conceino	ir i criou	Comp	
_, vv	222 3 (3)			- 12/31/24			Comp	
				- 12/31/25	<u> </u>		<u> </u>	
Water Sys	tem Facility: WELL 3 (WS	F ID: 57705)	1, 1, 23	12/51/25				
E. Coli (30	,	. 15. 37703,				1 rou	tine (RT) per	quarter
-	o14) ling Point (Sampling Point ID)		Monito	ring Period	Collection		Compliand	•
WELL				3 - 12/31/23	Concetto	ir i criou	Comp	
VV LLL .	3 (2)			l - 3/31/24			Comp	
				1 - 6/30/24			Comp	
				1 - 9/30/24				
		Other Co	ompliance Sche					
Compliance	Schedule Activity			Due Date	A	Achieved L	Date	
	INECTION EXEMPTION			3/1/2018				
	O SANITARY SURVEY			11/14/2018				
CROSS CON	INECTION SURVEY REPORT			3/1/2024				
	Wate	er System Facili	ty and Samplin	g Point Ir	nventory	,		
Water						ead and		
•	Water System Facility	Sampling Point			-	Copper		Stage
Facility ID		ID	Description	Status		Rule Tier	Asbestos Wo	QP 2 DBPR
00600 I	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTE		Υ			
			WITHIN 5 SERVICE CO					
		UPSTREAM	WITHIN 5 SERVICE CO	ON A				

EP - WELL 3

3

Α

00700

36402

ENTRY POINT - WELL 3

TREATMENT PLANT

	Water Qual	ity Monitoring			C				
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prim	ary Source
CT0820461	ROVERS LODGE				NC	25	L		GW
Local Address	where applicable)	Service	Reside	ntial	Commercia	al Industri	al Combine	ed A	gricultural
227 BAILEYVILI	E ROAD	Connecti	ons 1		1				

Connecticut Department of Public Health Drinking Water Section

Water		rrate. 5	Jocenn i dei	iicy aiia s	Sampling Poin		Total	Lead and		
	stem Facility		Sampling Poin	t Sampling I	Point	C	oliform	Copper		Stage
Facility ID	•		ID	Description	n	tus	Rule		Asbestos	WQP 2 DBP
57705 WELL 3			2	WELL 3	,	4				
			Co	ntact Info	ormation					
Name			(Organization		Job Title				
Mr. Sam E. Babcock	(F	P&L Partners			Ow	ner		
Mailing Address Line One Mailing A				ess Line Two		City State Z				Zip Code
226 Bailyville Rd			PO Box 353 Middlefield			СТ	06455			
Business Phone	Extension	Fax	Mol	bile Phone	Emergency Phone	Ema	il Addres	SS		
860-349-6322										
Contact Role(s): Ac	lministrative (Contact, Leg	al Contact, Ow	vner						
Name			(Organization					Job Title	
Ms. Gail Notturno							Ow	ner		
Mailing Address Line	e One		Mailing Addre	ess Line Two			Ci	ty	State	Zip Code
130 Way Rd						Midd	dlefield		СТ	06455
Business Phone	Extension	Fax	Mol	bile Phone	Emergency Phone	Ema	il Addres	SS		
Contact Role(s): Le	gal Contact, O	wner								

Please note the following:

Towns Served: MIDDLEFIELD

- 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

Water Quality Monitoring a	c Health Drinl and Complian	_		ction	
PWS ID PWS Name				ner Type P	rimary Source
CT0820014 CALVI BUILDING	NC		25	P	GW
Local Address (where applicable) Service	Residential Com		dustrial	Combined	
480 MAIN STREET Connection		1			
Towns Served: MIDDLEFIELD		_			
Monitoring Re	equirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)			1 rou	ıtine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	d Collect	ion Period		iance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23				mplete
, , ,	1/1/24 - 3/31/24				mplete
	4/1/24 - 6/30/24				1
	7/1/24 - 9/30/24				
Physical Parameters (PPS)	77=7=1		1 roi	ıtine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	l Collect	ion Period		iance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23				mplete
,	1/1/24 - 3/31/24	<u>- </u>			mplete
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
Water System Facility: ENTRY POINT (WSF ID: 00700)	.,_,, ., ., ., ., .				
Nitrate And Nitrite (NOX)			1	routine (F	RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	l Collect	ion Period		iance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		ion i ciiou		mplete
ENTRY CONT (3)	1/1/24 - 12/31/24				mpiete
	1/1/24 - 12/31/24	•			
	1/1/25 12/21/25	:			
	1/1/25 - 12/31/25			_	
Water System Facility and S			Ϋ́		
Water	Sampling Point	Inventoi Total	Lead and		-
Water System Water System Facility Sampling Point Sampling	Sampling Point	Inventoi Total Coliform	Lead and Copper		Stage
Water System Water System Facility Sampling Point Sampling Facility ID ID Description	Sampling Point Point on Statu	Inventoi Total Coliform IS Rule	Lead and Copper	Asbestos	Stage WQP 2 DBPR
Water System Water System Facility Sampling Point Sampling Facility ID ID Description 00600 DISTRIBUTION SYSTEM 4 DISTRIBUT	Point on State TION SYSTEM A	Total Coliform	Lead and Copper	Asbestos	_
Water System Water System Facility Sampling Point Sampling Facility ID ID Description 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5	Point FION SYSTEM A SERVICE CON A	Inventoi Total Coliform IS Rule	Lead and Copper	Asbestos	_
Water System Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5	Point ITION SYSTEM A SERVICE CON A SERVICE CON A	Inventoi Total Coliform IS Rule	Lead and Copper	Asbestos	_
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5 00700 ENTRY POINT Sampling Point Sampling ID Description DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5	Point FION SYSTEM SERVICE CON SERVICE CON A SINT A	Inventoi Total Coliform IS Rule	Lead and Copper	Asbestos	_
Water System Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5	Point ITION SYSTEM A SERVICE CON A SERVICE CON A	Inventoi Total Coliform IS Rule	Lead and Copper	Asbestos	_
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5 00700 ENTRY POINT 3 ENTRY PO 21441 WELL Contact Inf	Point Fin State FION SYSTEM A SERVICE CON A SERVICE CON A SINT A Ormation	Inventoi Total Coliform IS Rule	Lead and Copper		_
Water System Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5 UPSTREA	Point On State TION SYSTEM A SERVICE CON A SERVICE CON A OINT A Ormation	Inventoi Total Coliform IS Rule	Lead and Copper	Asbestos Job Title	_
Water System Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5 UPSTREAM WITHIN 5 2 WELL Contact Inf Name Organization Mr. Alan P. Rosenberg Sampling Point Sampling Description 4 DISTRIBUTION DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5 2 WELL Contact Inf Organization Taxon & Amp	Point On State TION SYSTEM A SERVICE CON A SERVICE CON A OINT A Ormation	Inventoi Total Coliform IS Rule	Lead and Copper Rule Tier		WQP 2 DBPR
Water System Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5 UPSTREA	Point On State TION SYSTEM A SERVICE CON A SERVICE CON A OINT A Ormation	Total Coliform Rule Y	Lead and Copper Rule Tier		_
Water System Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5 UPSTREAM WITHIN 5 2 WELL Contact Inf Name Organization Mr. Alan P. Rosenberg Sampling Point Sampling Description 4 DISTRIBUTION DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5 2 WELL Contact Inf Organization Taxon & Amp	Point ITION SYSTEM A SERVICE CON A SINT A Ormation TO CO., LLC.	Total Coliform IS Rule Y Ow Ci West Hartfor	Lead and Copper Rule Tier	Job Title	WQP 2 DBPR

860-658-2526

arosenberg@rosenberglawgroup.com

860-236-2365

13

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

860-233-4834

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

	Tracor Quarty 11	01110011118 0111	0. 0011	· · P ·	1011100	701100101		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0820014	CALVI BUILDING				NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
480 MAIN STRE	ET	Connections			1			

Towns Served: MIDDLEFIELD

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 De	epartment of	Public H	ealth D	rinki	ng W	/ater	Sectio	n	
	Water Q	uality Monit	oring and							
PWS ID	PWS Name			Cla	assificati	on Pop	ulation	Owner Ty	pe Pr	imary Source
CT0820024	COGINCHAUG MARKET				NC		25	Р		GW
Local Addr	ess (where applicable)		Service	Residential	Comm	ercial	Industria	l Comb	ined	Agricultural
484 MAIN	STREET		Connections		1					
Towns Serv	ved: MIDDLEFIELD									
		Monito	oring Requ	irement	S					
Water Sys	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Col	iform (3100)						1	routine	(RT) p	er quarter
Samp	ling Point (Sampling Point ID)		1	Monitoring	Period	Colle	ction Peri	od Co	omplio	ance Status
Select	t from Inventory of Active Sam	pling Points	1	.0/1/23 - 12	/31/23				Coi	mplete
				1/1/24 - 3/	31/24				Coi	mplete
				4/1/24 - 6/	30/24					
				7/1/24 - 9/	30/24					
_	Parameters (PPS)									er quarter
Samp	ling Point (Sampling Point ID)			Monitoring		Colle	ction Peri	od Co	ompli	ance Status
Select	t from Inventory of Active Sam	pling Points		.0/1/23 - 12						mplete
				1/1/24 - 3/					Coi	mplete
				4/1/24 - 6/	-					
				7/1/24 - 9/	30/24					
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
	and Nitrite (NOX)								-	T) per year
Samp	ling Point (Sampling Point ID)			Monitoring	Period	Colle	ction Peri	od Co	ompli	ance Status
ENTR	Y POINT (3)			1/1/23 - 12/					Coi	mplete
				1/1/24 - 12/						
			:	1/1/25 - 12/	/31/25					
Water Sys	stem Facility: WELL (WSF)	ID: 21442)								
E. Coli (3							1	routine	(RT) þ	er quarter
•	ling Point (Sampling Point ID)			Monitoring		Colle	ction Peri	od Co		ance Status
WELL	(2)			.0/1/23 - 12						mplete
				1/1/24 - 3/					Coi	mplete
				4/1/24 - 6/	•					
				7/1/24 - 9/	30/24					
		Other C	ompliance	Schedul	es					
Complianc	e Schedule Activity				e Date		Achiev	ed Date		
RESPOND	TO SANITARY SURVEY			8/28	3/2019					
	Wate	er System Facili	ty and San	npling Po	oint In	vent	ory			
Water						Total	Lead a	ınd		
-	Water System Facility	Sampling Point		t		Coliforn				Stage
Facility ID		ID	Description		Status	Rule	Rule 1	ier Asbe	estos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ				
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SERV	VICE CON	Α					
	ENTRY POINT	3	ENTRY POINT		Α					
21442	WELL	2	WELL		Α					

56678 TREATMENT PLANT - UV

	Water Quality l	Monitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0820024	COGINCHAUG MARKET				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
484 MAIN STREET Connections 1								

Connecticut Department of Public Health Drinking Water Section

			C	Jiitact IIII	ormation					
Name				Organization	1			Job Title		
Mr. Satish Patel				Jai-Shiv-Sai,	LLC		Managing	Member		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
484 Main Street			P.O. Box 176			Middlef	ield	СТ	06455	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress	1		
860-349-9985					917-523-8616					
Contact Role(s): A	dministrative C	ontact, Leg	gal Contact			1				
Name				Organization	1			Job Title		
Land Management	Inc									
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
40.4 N.4 - 11 d - 12 D -l			P. O. Box 31			Middlef	ield	СТ	06455	
484 Meriden Rd			Mo	obile Phone	Emergency Phone	Email A	ddrocc			

Please note the following:

Towns Served: MIDDLEFIELD

- 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 Dor	artment of	Dublic L	Ioolth I	Drink	ing M	otor Co	ction	
	Connecticut Dep							CUOII	
	Water Qu	ality Monit	oring an	d Comp	oliano	e Sche	edule		
PWS ID	PWS Name			C	Classificat	ion Popu	lation Owr	ner Type Pr	rimary Source
CT0820044	108 MAIN STREET				NC	2	29	Р	GW
Local Address (w	here applicable)		Service	Residentia	al Comm	nercial In	ndustrial	Combined	Agricultural
			Connections		-	L			
Towns Served: M	/IIDDLEFIELD								
		Monito	oring Requ	uiremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliform	(3100)						1 rou	tine (RT)	per quarter
Sampling P	oint (Sampling Point ID)			Monitoring	g Period	Collect	ion Period	Compli	ance Status
Select from	Inventory of Active Sampli	ng Points		10/1/23 - 1	2/31/23			Со	mplete
				1/1/24 - 3	/31/24			Со	mplete
				4/1/24 - 6	/30/24				
				7/1/24 - 9	/30/24				
Physical Paran	neters (PPS)						1 rou	itine (RT) į	per quarter
7	oint (Sampling Point ID)			Monitoring	Period	Collect	ion Period		ance Status
Select from	Inventory of Active Sampli	ng Points		10/1/23 - 1	2/31/23			Co	mplete
				1/1/24 - 3				Со	mplete
				4/1/24 - 6	/30/24				
				7/1/24 - 9	/30/24				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (1040	,	. ,					1 rou	ıtine (RT) ı	per quarter
-	oint (Sampling Point ID)			Monitoring	n Period	Collect	ion Period		ance Status
ENTRY POIN				10/1/23 - 1				•	mplete
	(-)			1/1/24 - 3					mplete
				4/1/24 - 6					
				7/1/24 - 9					
Nitrite (1041)				., _,	, = 0, = .		1	routine (R	T) per year
	oint (Sampling Point ID)			Monitoring	n Period	Collect	ion Period	=	ance Status
ENTRY POIN				1/1/23 - 12					mplete
	(0)			1/1/24 - 12	-				
				1/1/25 - 12	• •				
		Other Co	ompliance						
Compliance Sch	edule Activity				ıe Date		Achieved I	Date	
RESPOND TO SAI					10/2019				
INEST ONE TO SAM		System Fasili	tu and Car		•	wonto	gr. ,		
	water	System Facili	ty and Sar	irpinig P	OIIIL II				
Water System Wate	r System Facility	Sampling Point	Samplina Doi	nt		Total Coliform	Lead and		Ctano
Facility ID	i System Fucility	ID	Description		Ct	Dula	Copper Rule Tier	Ashestos	Stage WQP 2 DBPR
	IBUTION SYSTEM	4	DISTRIBUTION	U SYSTEM	Status A	Y	naie Hei	.13503103	
JOOOD DISTR	ADD HON SISILIVI	DOWNSTREAM				ī			
					A				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

21444 WELL 1

		y Monitoring and			C				
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary So	urce
CT0820044	108 MAIN STREET				NC	29	Р	GW	
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed Agricult	tural
		Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEFIELD

			Co	ontact Inf	ormation					
Name				Organization	Job Title	b Title				
Mr. Tom Yantosh						Owner				
Mailing Address Line One Mailing Add				ess Line Two		City	State	Zip Code		
108 Main Street						Rockfall	СТ	06481		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
860-346-8140						dotking7@aol.com				

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.
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End of schedule

Mr. Lou Seria Guida's Drive-In Restaurant Owner/President Mailing Address Line One Mailing Address Line Two City State Zip Code 484 Meriden Road Middlefield CT 06455		C	onnoctic	ut Dona	rtmont	t of	Dublic	Hoalth	Drir	olzina '	Mator	So	ction		
PMUSID PMUS Name Classification Population Owner Type Primary Source Cross20074 SUIDAS DRINK-IN RESTAURANT Service Consections NC 40 P GW		C		•						_			Ction		
CTOB20074 GUIDAS DRIVE-IN RESTAURANT Service Connections NC 40 P GW	DIA/C ID	D)		ter Quar	ity Mo	1111	ornig a	na Con	_				T D		C
Combined				U DECTALIDA	AIT.						-	Owr			
Connections Served: MIDDLEFIELD		-		N KESTAUKA	NI		C!	Danida.				-1	•		
Total Coliform (3100) Select from Inventory of Active Sampling Point (Sampling Point Sampling Point (Sampling Point (Sampling Point (Sampling Point Sampling Point (Sampling Point Sampling Point (Sampling Point (Sampling Point (Sampling Point Sampling Point Sampling Point Sampling Point (Sampling Point Sampling Point Sampling Point Sampling Point (Sampling Point Sampling Point									tial Co		Industri	aı	Combined	Agric	ultural
Monitoring Requirements Monitoring Requirements Monitoring Period Sampling Point (Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status							Connection	13		1					
Total Coliform (3100) Total Coliform (3100) Select from Inventory of Active Sampling Points Sompling Point (Sampling Points) Sompling Point (Sampling Point ID) Sompling Point (Sampling Points) Sompling Points (Sampling Points (Sampling Points) Sompling Points	Towns Ser	rved: MIL	DULEFIELD		N/-	:L	ouina Dod								
Total Coliform (3100) Monitoring Form Compliance Status Compliance Status	Motor Cu	ustom Fo	cilitur DICTR	IDLITION SY				quireme	nts						
Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete			•	IBUTION SY	SIEW (W	/SF II	D: 00600)					Lrou	tino (DT)	nor au	ıartar
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) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete ***Toutine** (RT) per quarter** ***Sampling Point (Sampling Point ID) ***Toutine (RT) per quarter** ***Al/1/24 - 6/30/24 7/1/24 - 9/30/24 ***Water System Facility: ENTRY POINT (WSF ID: 00700) ***Nitrate And Nitrite (NOX) ***Sampling Point (Sampling Point ID) ***ENTRY POINT (3) ***Invalidation Point ID) ***ENTRY POINT (3) ***Invalidation Point ID) ***Entry Point (3) ***Invalidation Point ID) ***Entry Point (3) **Entry Point (4) **Entry		-	•	oint ID)				Monitori	ina Bori	ad Cal					
1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 3/31/23 7/1/24 - 9/30/24 7/1/24 - 3/31/24 7/1/24 - 3/31/24 7/1/24 - 3/31/24 7/1/24 - 9/30/24	_	_			Dainta						iection Pe	rioa			
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Physical Parameters (PPS)															
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1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24	-			-							lection Pe	riod			
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Nitrate And Nitrite (NOX) Sampling Point (Sampling Point (D)) ENTRY POINT (3) Water System Facility and Sampling Point Inventory Water System Water System Facility ID Description Sampling Point Service CON A DOWNSTREAM WITHIN 5 SERVICE CON A DOGOO ENTRY POINT 3 ENTRY POINT A 21447 WELL 2 WELL A Collection Period Complete Complete 1/1/23 - 12/31/23 Complete 1/1/24 - 12/31/24 1/1/25 - 12/31/25 Total Lead and Colliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR Rule Rule Tier Asbesto								7/1/24 -	9/30/2	.4					
ENTRY POINT (3) ENTRY POINT (4) ENTRY POINT (5) ENTRY POINT (6) ENTRY POINT (7) ENTRY	Water Sy	stem Fa	cility: ENTR	POINT (W	/SF ID: 007	700)									
ENTRY POINT (3) 1/1/23 - 12/31/24 1/1/25 - 12/31/25 Water System Facility and Sampling Point Inventory Water System Water System Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR O0600 DISTRIBUTION SYSTEM 4 DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 21447 WELL 2 WELL A Contact Information Name Organization Organization Organization Mailing Address Line One Mailing Address Line One Mailing Address Line Two Middlefield Complete Complete 1/1/23 - 12/31/24 Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR A Y Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A OFFICIAL CONTACT OFFI O	Nitrate A	And Nitr	ite (NOX)									1	routine (F	RT) pei	year
1/1/24 - 12/31/25 1/1/25 - 12/31/25 Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 21447 WELL 2 WELL A A	Samı	pling Poir	nt (Sampling P	oint ID)				Monitori	ing Peri	od Col	lection Pe	riod	Compl	iance S	tatus
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Water System Facility and Sampling Point Inventory Water System Water System Facility Description Office of the proper Stage Facility ID Office of the proper Stage Facility Rule Tier Asbestos WQP 2 DBPR								1/1/24 -	12/31/2	24					
Water System Water System Facility Facility ID Description A DOWNSTREAM WITHIN 5 SERVICE CON A DO700 ENTRY POINT 2 WELL Contact Information Name Mr. Lou Seria Mailing Address Line One Mailing Address Line Road Middlefield Coliform Copper Stage Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A ENTRY POINT Guida's Drive-In Restaurant Overar/President City State Zip Code Middlefield CT 06455								1/1/25 -	12/31/2	25					
System Water System Facility Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR Rule Rule Tier Asbestos				Water Sy	stem Fa	acili	ity and S	ampling	Poin	t Inven	tory				
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 4 DOWNSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT A DOWNSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT Guida's Drive-In Restaurant Owner/President Mailing Address Line One Mailing Address Line Two Middlefield CT O6455	Water									Tota	al Lead	and			
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 21447 WELL 2 WELL A Contact Information Name Organization Organization Guida's Drive-In Restaurant Mailing Address Line One Mailing Address Line One Mailing Address Line Two City State Zip Code Middlefield CT 06455	System	Water S	ystem Facility	9	Sampling P	oint	Sampling P	Point		Colife	rm Cop	per			Stage
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 21447 WELL 2 WELL A Contact Information Name Organization Job Title Mr. Lou Seria Guida's Drive-In Restaurant Owner/President Mailing Address Line One Mailing Address Line Two City State Zip Code 484 Meriden Road Middlefield CT 06455	Facility ID)			ID		Description)	Sta	itus Ru	le Rule	Tier	Asbestos	WQP .	2 DBPR
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00700 ENTRY POINT 3 ENTRY POINT A 21447 WELL 2 WELL A Contact Information Name Organization Job Title Mr. Lou Seria Guida's Drive-In Restaurant Owner/President Mailing Address Line One Mailing Address Line Two City State Zip Code 484 Meriden Road Middlefield CT 06455					DOWNSTRI	EAM	WITHIN 5 S	ERVICE CO	N A	4					
2 WELL A Contact Information Name Organization Job Title Mr. Lou Seria Guida's Drive-In Restaurant Owner/President Mailing Address Line One Mailing Address Line Two City State Zip Code 484 Meriden Road Middlefield CT 06455					UPSTREA	M	WITHIN 5 S	ERVICE CO	N A	4					
Contact InformationNameOrganizationJob TitleMr. Lou SeriaGuida's Drive-In RestaurantOwner/PresidentMailing Address Line OneMailing Address Line TwoCityStateZip Code484 Meriden RoadMiddlefieldCT06455	00700	ENTRY F	OINT		3		ENTRY POI	VT	1	4					
Name Organization Job Title Mr. Lou Seria Guida's Drive-In Restaurant Owner/President Mailing Address Line One Mailing Address Line Two City State Zip Code 484 Meriden Road Middlefield CT 06455	21447	WELL			2		WELL		,	4					
Mr. Lou Seria Guida's Drive-In Restaurant Owner/President Mailing Address Line One Mailing Address Line Two City State Zip Code Middlefield CT 06455						Con	tact Info	rmation							
Mr. Lou Seria Guida's Drive-In Restaurant Owner/President Mailing Address Line One Mailing Address Line Two City State Zip Code Middlefield CT 06455	Name					Oı	rganization						Job Title		
Mailing Address Line One Mailing Address Line Two City State Zip Code 484 Meriden Road Middlefield CT 06455		eria						In Restaura	nt		Owner/Pr	reside			
484 Meriden Road Middlefield CT 06455			ne One		Mailing Ad				-		-			Zip C	ode
						CO.				Middlefi					
DUBINIESS FROM LEVICINOUS TOWN INCOME FROM LENGTHER FROM LENGTH AND LENGTH AN			Extension	Fax	ľ	Mobi	le Phone	Emergency	/ Phone						-

860-349-8449

ghotdogs@aol.com

860-349-0257

860-349-9039

Contact Role(s): Legal Contact, Owner

C	onnectic	ut Depa	rtmen	t of	Public	Health	ı Drii	nking	g Water	Section	l	
	Wat	ter Qual	ity Mo	nite	oring ai	nd Con	nplia	nce S	Schedu	le		
PWS ID PY	WS Name						Classif	ication	Population	Owner Type	Prir	mary Source
CT0820074 G	UIDAS DRIVE-II	N RESTAURA	NT				N	IC	40	Р		GW
Local Address (whe	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed	Agricultural
484 MERIDEN ROA	۷D				Connection	S		1				
Towns Served: MII	DDLEFIELD					1			'	,		
Name				Or	ganization					Job Titl	е	
Ms. Lucy Malatest	а			Ne	w Guida's R	estaurant,	Inc		Vice Pres	ident		
Mailing Address Li	ne One		Mailing Ad	ddress	Line Two				City	State	7	Zip Code
484 Meriden Road								Middle	efield	СТ		06455
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	Address	,		
860-349-9039		860-349-0)257			860-349	-8219					
Contact Role(s):	dministrative (Contact			"			'				

Contact Role(s): Administrative Contac

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0820084	INDIAN SPRING GOLF COURSE				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
123 MACK ROAL)	Connections	2		1			

123 MACK ROAD	connections 2	L	
Towns Served: MIDDLEFIELD			
Moni	itoring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF			
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		
Total Coliform (3100)		3 re	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	12/15/23 - 12/20/23		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 0070	0)		
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/4/24 0/20/24		
	7/1/24 - 9/30/24		
Nitrite (1041)	//1/24 - 9/30/24	1 r	outine (RT) per year

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	Connecticu									
	Wat	er Qua	lity Monit	oring a	nd Comj	plia	nce So	chedul	le	
PWS ID	PWS Name				C	Classifi	cation P	opulation	Owner Type	Primary Source
СТ0820084	INDIAN SPRING	GOLF COUR	SE			N	С	25	Р	GW
Local Address (where applicable)			Service	Residentia	al Co	mmercial	Industri	al Combin	ed Agricultura
123 MACK ROA	ND			Connection	2		1			
Towns Served:	MIDDLEFIELD				·	·			·	·
			Monite	oring Rec	uiremen	ts				
Water Systen	n Facility: ENTRY	POINT (V	VSF ID: 00700)							
Nitrite (104:	1)								1 routine	(RT) per year
Sampling	Point (Sampling Po	oint ID)			Monitoring	g Perio	od Col	lection Pe		pliance Status
ENTRY PO	INT (3)				1/1/23 - 12	2/31/2	23			Complete
					1/1/24 - 12	2/31/2	24			
					1/1/25 - 12	2/31/2	25			
Water Systen	n Facility: WELL	1	(WS	F ID: 57088	3)					
E. Coli (3014	!)							1	triggered (T	G) per period
Sampling	Point (Sampling Po	oint ID)			Monitoring	g Perio	od Col	lection Pe	riod Com	pliance Status
WELL 1 (2)				12/14/23 - 2	12/20/	/23			Complete
		Water S	ystem Facili	ty and Sa	ampling P	oint	Inven	tory		
Water			-	-			Tot		and	
System Wa	ter System Facility		Sampling Point	Sampling P	oint		Colife	orm Cop	per	Stage
Facility ID			ID	Description		Sta	tus Ru	le Rule	Tier Asbesto	os WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUTION	ON SYSTEM	A	Υ			
			DOWNSTREAM	WITHIN 5 S	ERVICE CON	A	١			
			UPSTREAM	WITHIN 5 S	ERVICE CON	Α	١			
00700 ENT	RY POINT		3	ENTRY POIN	JT	Α	١			
57088 WE	LL 1		2	WELL 1		Α	١			
			Con	tact Info	rmation					
Name			Oı	ganization					Job Titl	 e
Ms. Jen Huddl	eston			dian Spring (Golf Course			Manager		
Mailing Addres			Mailing Address					City	State	Zip Code
132 Mack Road	d		_				Middlefi	eld	СТ	06455
Business Pho	ne Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	ldress	<u> </u>	
860-349-810	09				860-349-92			iansprings	-golf.com	
Contact Role(s	: Administrative (Contact	1				1			
Name			Oı	ganization					Job Titl	e
Indian Springs	Golf Club Inc									
Mailing Addres	ss Line One		Mailing Address	Line Two				City	State	Zip Code
			1							

Contact Role(s): Legal Contact, Owner

Extension

Please note the following:

132 Mack Rd

Business Phone

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

06455

CT

Middlefield

Emergency Phone Email Address

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.

	Connectic	•				Health		_				
PWS ID	PWS Name	ter Qua	iicy iv	IOIII	oring o	illu Coll						Primary Source
CT0820104	LEVI COE LIBRAF	8V					N			25	P	GW
	where applicable)	\ I			Service	Residen		mmerci		ndustrial	Combine	
414 MAIN STRE					Connection		tiai Co	1	ai iii	idustriai	COMBINE	a Agricultural
Towns Served:												
Towns served.	WIIDDEETTEED		n.	lonit	orina Do	auiromo	ntc					
Water System	n Facility: DISTR	RIBUTION S				quireme	nts					
Total Colifor	m (3100)									1 r	outine (R1) per quarter
Sampling	Point (Sampling P	oint ID)				Monitori	ng Perio	od C	ollecti	ion Perio	od Com	oliance Status
Select fro	m Inventory of Act	ive Sampling	Points			10/1/23 -	12/31/	/23				Complete
						1/1/24 -	3/31/2	24			1	Complete
						4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Physical Para	meters (PPS)									1 r	outine (R1) per quarter
Sampling	Point (Sampling P	oint ID)				Monitori	ng Perio	od C	ollecti	ion Perio	od Com	oliance Status
Select fro	m Inventory of Act	ive Sampling	Points			10/1/23 -	12/31/	/23				Complete
						1/1/24 -	3/31/2	24				Complete
						4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Water System	n Facility: ENTR	Y POINT (V	VSF ID: (00700)								
Nitrate And	Nitrite (NOX)										1 routine	(RT) per year
Sampling	Point (Sampling P	oint ID)				Monitori	ng Perio	od C	ollect	ion Perio	od Com	oliance Status
ENTRY PO	INT (3)					1/1/23 -	12/31/2	23			ı	Complete
						1/1/24 -	12/31/2	24				
						1/1/25 -	12/31/2	25				
		Water Sy	ystem	Facili	ity and S	Sampling	Point	t Inve	ntor	ſy		
Water					-			To	otal	Lead a	nd	
System War Facility ID	ter System Facility	,	Sampling IE	-	Sampling Description		Sta		iform Iule	Coppe Rule Ti		Stage os WQP 2 DBPF
	TRIBUTION SYSTEM	1	4		DISTRIBUT	ION SYSTEM		A	Υ			
			DOWNS	TREAM		SERVICE CON	1 /	Д				
			UPSTR	REAM	WITHIN 5	SERVICE CON	1 /	Α				
00700 ENT	RY POINT		3		ENTRY PO	INT	A	Д				
21450 WEI	 LL		2		WELL		-	Ą				
				Con	tact Info	ormation						
Name				O	rganization						Job Title	9
Coe Library As	sociation											
Mailing Addres	ss Line One		Mailing	Addres	s Line Two				Ci	ty	State	Zip Code
414 Main Stree	et							Middle	field		СТ	06455
Business Pho 860-349-38		Fax		Mobi	le Phone	Emergency	Phone	Email A	Addres	SS		
	: Legal Contact, (Owner				1		1				
`												

C	Connectic	ut Depai	rtment of	Public l	Health	Drir	ıking	Water	Section	
	Wat	ter Qual	ity Monit	oring an	id Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classifi	ication	Population	Owner Type	Primary Source
CT0820104 L	EVI COE LIBRAR	Υ				N	С	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultura
414 MAIN STREET				Connections	5		1			
Towns Served: MI	DDLEFIELD			1		,				
Name			O	rganization					Job Titl	е
Ms. Jessica Lobne	r		Le	vi & Coe Libra	ary Associ	ation		Director		
Mailing Address Li	ne One		Mailing Addres	s Line Two				City	State	Zip Code
414 Main Street							Middle	field	СТ	06455
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	y Phone	Email A	Address		
860-349-3857	204	860-349-2	131		203-379	-7231	levicoe	libraryJess@	gmail.com	
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.
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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 I	Department of	Public	Health	Drin	ıking	Wa	ater Se	ection	
	Water	Quality Monit	oring ar							
PWS ID	PWS Name				Classifi	cation	Popu	lation Ow	ner Type F	Primary Source
CT0820134	MIDDLEFIELD ADMIN	ISTRATION BLDG			N	-		5	L	GW
Local Address	(where applicable)		Service	Resident	ial Co	mmercia	al In	dustrial	Combined	d Agricultural
393 JACKSON	HILL ROAD		Connection	S		1				
Towns Served	d: MIDDLEFIELD									
		Monito	oring Req	Juiremer	nts					
Water Syste	m Facility: DISTRIBUT	ION SYSTEM (WSF II	D: 00600)							
Total Colifo	•							1 ro		per quarter
_	g Point (Sampling Point I			Monitorin	_		llecti	ion Period		liance Status
Select fr	om Inventory of Active Sa	mpling Points		10/1/23 -						omplete
				1/1/24 -					C	omplete
				4/1/24 -						
				7/1/24 -	9/30/2	4				
_	rameters (PPS)	2)		0.0		- 1 6				per quarter
-	g Point (Sampling Point I	•		Monitorin			ollecti	ion Period		liance Status
Select fr	om Inventory of Active Sa	mpling Points		10/1/23 -						omplete
				1/1/24 -					C	omplete
				4/1/24 - 7/1/24 -						
Mator Systo	m Facility: ENTRY PO	INIT (MSE ID: 00700)		7/1/24 -	9/30/2	4				
		INT (W3F ID. 00700)							tina /	DT) man waan
	l Nitrite (NOX) g Point (Sampling Point I	ח)		Monitorin	na Dorie	nd Co	Mocti	נ ion Period	=	RT) per year liance Status
_	OINT (3)			1/1/23 - 1	_		mecu	on renou		omplete
LIVINI	01141 (3)			1/1/24 - 1						ompiete
				1/1/25 - 1					<u> </u>	
	Wa	ter System Facili	ity and Sa				ntor	ν		
Water		•	•				tal	Lead and	1	
	ater System Facility	Sampling Point	Sampling Po	oint						Stage
Facility ID		ID	Description		Sta	tus Ri	ule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTIO	ON SYSTEM	P	Α, ,	Y			
		DOWNSTREAM	WITHIN 5 SE	ERVICE CON	P	A				
		UPSTREAM	WITHIN 5 SE	ERVICE CON	P	A				
00700 EN	ITRY POINT	3	ENTRY POIN	IT	P	4				
49543 W	ELL 2	2	WELL 2		P	A				
58899 TR	EATMENT PLANT									
		Con	tact Info	rmation						
Name		Or	rganization						Job Title	
Middlefield										
Mailing Addr	ess Line One	Mailing Address	s Line Two				Ci	ty	State	Zip Code
Business Ph	none Extension	Fax Mobi	le Phone	Emergency	Phone	Email A	ddres	SS		
Contact Role	(s): Owner									

C	onnecuc	ut Depa	rumen	l OI	Public	пеани	ווועו	ikilig	water	Sec	CHOIL	
	Wa	ter Qual	lity Mo	nite	oring ar	nd Con	nplia	nce S	chedul	e		
PWS ID P	WS Name						Classif	ication	Population	Owne	er Type F	Primary Source
CT0820134 N	/IIDDLEFIELD AD	MINISTRAT	ON BLDG				N	IC	25		L	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmercia	l Industri	al C	Combined	d Agricultura
393 JACKSON HILL	. ROAD				Connection	S		1				
Towns Served: MI	DDLEFIELD											
Name				Or	ganization						Job Title	
Mr. Edward P. Bai	iley			To	wn of Middl	efield			First Selec	tman		
Mailing Address Li	ne One		Mailing Ad	dress	Line Two				City		State	Zip Code
Land Use Office			405 Main :	Street	Suite 1			Middlef	ield		CT	06455
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	ddress			
860-349-7114		860-349-7	7115			860-985	-0790	twnmid	dlefield@sk	ocglob	al.net	
Contact Role(s):	Legal Contact											
Name				Or	ganization						Job Title	
Mr. Shane Lockwo	ood			He	alth Departr	ment						
Mailing Address Li	ne One		Mailing Ad	dress	Line Two				City		State	Zip Code
196 North Main St	treet							Southin	gton		CT	06489
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	ddress			
860-276-6275 860-276-6277 8							-4478	lockwoods@southington.org				
		L.										=

Connecticut Department of Public Health Drinking Water Section

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

End of schedule

	Connectic	•				Health		_				
DIA/C ID		ter Qua	IILY IV	101110	.ui iiig a	illu Coll						Duiman m. Carresa
PWS ID	PWS Name		CENITED	O FIDEI	IOLICE					25		Primary Source
CT0820144	MIDDLEFIELD CO	DIVIDIVITY	CENTER	& FIKEF		Dooidood	N				Carabina	GW
	(where applicable)				Service Connection	Resident	tiai Co	mmercia	ai in	idustrial	Combine	d Agricultural
405 MAIN STR					Connectio	113		2				
Towns Served:	MIDDLEFIELD											
Water Systen	n Facility: DISTR	IBUTION S				quireme	nts					
Total Colifor	•			•	•					1 r	outine (RT) per quarter
	Point (Sampling P	oint ID)				Monitorii	na Perio	od Co	ollecti	ion Perio	=	liance Status
	m Inventory of Act	-	Points			10/1/23 -						Complete
Sciectifo	in inventory of Acc	ive samping	Tomics			1/1/24 -						Complete
						4/1/24 -						Joinpiete
						7/1/24 -						
Dhysical Day	amatawa (DDC)					//1/24 -	9/30/2	.4		4 -	outing (DT	\
-	ameters (PPS)	nine (D)				N d a mid a mi	na Daul	- d C	-114		-) per quarter
	Point (Sampling P		Dainta			Monitorii			onecu	ion Perio		oliance Status
Select Iro	m Inventory of Act	ive Sampling	Points			10/1/23 -						Complete
						1/1/24 -						Complete
						4/1/24 -						
						7/1/24 -	9/30/2	.4				
•	n Facility: ENTR	Y POINT (V	VSF ID:	00700)								
	Nitrite (NOX)											(RT) per year
Sampling	Point (Sampling P	oint ID)				Monitorii			ollecti	ion Perio	od Comp	oliance Status
ENTRY PC	DINT (3)					1/1/23 - :	12/31/2	23			(Complete
						1/1/24 - :	12/31/2	24				
						1/1/25 - :	12/31/2	25				
		Water S	ystem	Facil	ity and S	Sampling	Point	t Inve	ntor	ry		
Water								То	tal	Lead a	nd	
-	ter System Facility		-	_	Sampling			Coli	form	Coppe		Stage
Facility ID			IL)	Descriptio	n	Sta	itus R	ule	Rule Ti	ier Asbesto	s WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	1	4	ļ	DISTRIBUT	ION SYSTEM	P	4	Υ			
			DOWNS	TREAM	WITHIN 5	SERVICE CON	l A	4				
			UPSTF	REAM	WITHIN 5	SERVICE CON	l A	4				
00700 ENT	TRY POINT		3	}	ENTRY PO	INT	A	4				
21453 WE	LL		2	<u>.</u>	WELL		Þ	4				
				Con	tact Info	ormation						
Name				0	rganization						Job Title	
Town of Midd	lefield											
Mailing Addres	ss Line One		Mailing	Addres	s Line Two				Ci	ty	State	Zip Code
393 Jackson Hi								Middle	field		СТ	06455
Business Pho 860-349-71		Fax		Mobi	le Phone	Emergency	Phone	Email A	ddres	SS		
): Legal Contact, (Owner										
Contact Noie(s	,. Legai Contact, C	7 WILE!										

	ionnectic	ut Depa	rtmer	nt of	Public	Health	Drii	nking	g Water	Section	
	Wat	ter Qua	lity Mo	onito	oring an	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT0820144 N	IIDDLEFIELD CO	MMUNITY (CENTER &	FIREHC	OUSE		N	IC	25	L	GW
Local Address (wh	ere applicable)				Service	Resider	tial Co	mmerci	ial Industri	al Combine	ed Agricultural
405 MAIN STREET					Connection	S		2			
Towns Served: MI	DDLEFIELD			·					,		
Name				Org	ganization					Job Titl	e
Mr. Shane Lockwo	ood			Hea	alth Departr	nent					
Mailing Address Li	ne One		Mailing A	ddress	Line Two				City	State	Zip Code
196 North Main St	reet							Southi	ngton	СТ	06489
Business Phone	Extension	Fax		Mobile	Phone	Emergency	/ Phone	Email A	Address	1	
860-276-6275		860-276-6	5277			860-681	-4478	lockwo	ods@south	ington.org	
Contact Role(s):	Administrative	Contact	1		1						

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

End of schedule

	Commandiant Donard	ok of Dealelte I	المماليا.	D	- برامانه	- TAT ata	Costi	0.70	
	Connecticut Departme				•			on	
	Water Quality M	onitoring an	a Con	-					
PWS ID	PWS Name			Cla		Population		ype Pr	
CT0820164	PECKHAM PARK	T			NC	25	L		GW
	(where applicable)	Service	Residen	itial	Commerc	ial Industria	al Com	bined	Agricultura
405 MAIN STR		Connections			1				
Towns Served:	: MIDDLEFIELD			_					
		Ionitoring Requ	uireme	nts	i				
•	m Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)						/·	
Total Colifor	•								per month
	Point (Sampling Point ID)		Monitori			Collection Per	riod C	omplic	ance Status
Select fro	m Inventory of Active Sampling Points		4/1/24		-				
			5/1/24		-				
			6/1/24						
			7/1/24		-				
			8/1/24		-				
	4 N		9/1/24	- 9/3	0/24			4	
•	ameters (PPS)							• •	per month
	Point (Sampling Point ID)		Monitori			Collection Per	riod C	omplic	ance Status
Select fro	m Inventory of Active Sampling Points		4/1/24		-				
			5/1/24						
			6/1/24						
			7/1/24						
			8/1/24		-				
M/-1 C1	ENTRY POINT (MCF ID C	2220	9/1/24	- 9/3	0/24				
	m Facility: ENTRY POINT (WSF ID: 0	10700)							_,
	Nitrite (NOX)							-	T) per year
	Point (Sampling Point ID)		Monitori			Collection Per	riod C		ance Status
ENTRY PC	DINT (3)		1/1/23 -		•	4/1-9/30		Cor	mplete
			1/1/24 -			4/1-9/30			
		.	1/1/25 -			4/1-9/30			
		ner Compliance							
Compliance Sc	chedule Activity				Date	Achie	ved Date		
SEASONAL STA	ART UP COMPLETION			4/1/	2024				
	Publi	c Notification R	Require	eme	ents				
		Compliance	Notice	?	<u>Public N</u>	<u>otification</u>	<u>P</u>	N Certi	<u>ification</u>
Violation/Situ		Period	Tier		Required	Performe			Received
	neters M&R Violation	7/1/23 - 7/31/23	3		10/10/2024		10/20		
Total Coliform	M&R Violation	7/1/23 - 7/31/23	3		10/10/2024		10/20	/2024	
	Water System	Facility and Sai	mpling	Po	int Inve	entory			
Water						otal Lead			
System Wa	iter System Facility Sampling	r Point Samplina Poi	nt		Col	iform Coni	ner		Stage

System Water System Facility Sampling Point Sampling Point Coliform Copper Stage **Facility ID** ID **Description** Rule Tier Asbestos WQP 2 DBPR Rule Status 00600 DISTRIBUTION SYSTEM 4 **DISTRIBUTION SYSTEM** Α DOWNSTREAM WITHIN 5 SERVICE CON Α PP01 WATER FOUNTAIN #1 Α Υ PP03 KITCHEN SINK Α Υ PP04 WATER FOUNTAIN #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.

	Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source		
CT0820164	PECKHAM PARK				NC	25	L	GW		
Local Address (\	Service	Resider	dential Commerc		al Industri	al Combine	ed Agricultural			
405 MAIN STRE	Connections			1						

Connecticut Department of Public Health Drinking Water Section

	,	Water System Facil	ity and Sa	mpling Point	Invent	ory		
Water System Water S Facility ID	System Facility	Sampling Point ID	-		Total Colifor	Lead and Copper	Asbestos	Stage WQP 2 DBPR
		PP05	WATER FOUN					
		UPSTREAM	WITHIN 5 SEF	RVICE CON A	1			
00700 ENTRY	POINT	3	ENTRY POINT	- Д	1			
21455 WELL		2	WELL	A	1			
		Con	ntact Infor	mation				
Name		0	rganization				Job Title	
Mr. Robert Yamar	tino	To	Town of Middlefield First Selectman					
Mailing Address Li	ne One	Mailing Addres	s Line Two			City	State	Zip Code
P.O. Box 179		393 Jackson Hil	II Road		Middlefie	d	СТ	06455
Business Phone	Extension	Fax Mobi	ile Phone E	mergency Phone	Email Add	ress		
860-349-7114					ryamartin	o@middlefiel	dct.org	
Contact Role(s):	egal Contact							
Name		0	rganization				Job Title	
Ms. Hannah Malco	olm	To	own of Middle	field	F	arks & Rec Di	rector	
Mailing Address Li	ne One	Mailing Addres	s Line Two			City	State	Zip Code
P.O. Box 179		393 Jackson Hil	ll Road		Middlefie	d	СТ	06455
Business Phone	Extension	Fax Mobi	ile Phone E	mergency Phone	Email Add	ress		
860-614-2362					parkrec@	middlefieldct.	org	
Contact Role(s):	Administrative (Contact	•					

Contact Role(s): Administrative Contact

Please note the following:

Towns Served: MIDDLEFIELD

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End of schedule

	Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
CT0820204	RED FOX MARKETPLACE AND PANINI GRILL				NC	30	Р	GW	
Local Address (where applicable)		Service	Residen	ential Commerc		al Industri	al Combine	ed Agricultural	
222 MERIDEN R	Connections			1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEFIELD				
Monitoring Red	quirements			
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	1/1/24 - 3/31/24		Out of Service	
	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	1/1/24 - 3/31/24		Out of Service	
	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)		1 routine (RT) per yea		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	1/1/24 - 12/31/24			

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α					_		
21459	WELL	2	WELL	Α							

1/1/25 - 12/31/25

Z1439 WLLL				VVLLL		١			
				Contact Inf	ormation				
Name		Organization	l			Job Title			
Mr. Fikret Cecunjai	nin						Owner		
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City	State	Zip Code
1106 Ridgewood Ro	t					Middleto	own	СТ	06457
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
203-317-7173					203-317-7173	enesc01	@hotmail.com	1	

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			Clas	ssification	Population	Owner Type	Primary Source
CT0820234	ST. COLMAN CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
170 HUBBARD S	TREET	Connections			1			

Towns Served: MIDDLEFIELD

Monitoring Requirements

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

Total Coliform (3100)		1 routine (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)	meters (PPS) 1 routine (RT) per qua					
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 routine (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					

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	4/1/10 - 6/30/10	2	9/22/2010		10/2/2010					
Total Coliform M&R Violation	10/1/13 - 12/31/13	2	6/5/2014		6/15/2014					
Physical Parameters M&R Violation	10/1/13 - 12/31/13	3	5/6/2015		5/16/2015					

Water System Facility and Sampling Point Inventory

Water System Facility IE 00600	Water System Facility DISTRIBUTION SYSTEM	ID 4	Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	Status A A	Total Coliform Rule Y	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21462	WELL	2	WELL	Α					

61115 TREATMENT PLANT

Contact Information											
Name	Organization		Job Title								
Mr. Gregory P. Galvin	St. Coleman Church		Administrat	tor							
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code						
145 Hubbard Street	P.O. Box 457	Middlefi	eld	СТ	06455						

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	Connectic	ut Depa	rtme	ent of	Public	Health	Drir	iking	Water	Sec	tion	
	Wa	ter Qua	lity N	Monito	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name						Classif	ication	Population	Owne	r Type	Primary Source
CT0820234	ST. COLMAN CH	URCH					N	С	25	F)	GW
Local Address (wh	nere applicable)				Service	Resider	Residential Cor		al Industri	al Co	ombine	d Agricultural
170 HUBBARD ST	REET				Connection	ns		1				
Towns Served: M	IDDLEFIELD								"	'		
BUSINESS PHONE EXTENSION FAX				IVIODIII	етпопе	Emergency	Phone	EIIIaii F	Address			
860-349-3868		860-349-3	3150									
Contact Role(s):	Administrative	Contact										
Name				Org	ganization					J	ob Title	2
Father Anthony [D. Dimarco			St.	Colman Chi	urch		Priest				
Mailing Address L	ine One		Mailing	g Address	Line Two			City			State	Zip Code
145 Hubbard Stre	eet							Middle	field		СТ	06455-0457
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	Address	,		
860-647-1725												
Contact Role(s):	Legal Contact											

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

End of schedule

	Connectic	ut Departme	ent of	f Public	Health	Drir	nking	Water	Se	ection	
		ter Quality N					_				
PWS ID	PWS Name	•				Classif	ication P	opulation	Ow	ner Type P	rimary Source
CT0820254	VICTORY TABERI	NACLE CHURCH				N	IC	25		Р	GW
Local Address (v	where applicable)			Service	Residen	tial Co	mmercial	Industri	al	Combined	Agricultural
191 MERIDAN R	ROAD			Connection	ns		1				
Towns Served: I	MIDDLEFIELD										
		ı	Monit	oring Red	quireme	nts					
Water System	Facility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliforn	n (3100)							1	l roı	utine (RT)	per quarter
Sampling I	Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	llection Pe	riod	Compli	ance Status
Select from	n Inventory of Acti	ve Sampling Points			10/1/23 -	12/31/	′23			Co	mplete
					1/1/24 -	3/31/2	24			Co	mplete
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	.4				
Physical Para	meters (PPS)							1	l rou	utine (RT)	per quarter
Sampling I	Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	llection Pe	riod	Compli	ance Status
Select from	n Inventory of Acti	ve Sampling Points			10/1/23 -	12/31/	′23			Co	mplete
					1/1/24 -	3/31/2	24			Co	mplete
					4/1/24 -						
					7/1/24 -	9/30/2	.4				
Water System	Facility: ENTRY	POINT (WSF ID:	00700)								
Nitrate And N	Nitrite (NOX)								1	routine (F	RT) per year
Sampling I	Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	llection Pe	riod	Compli	ance Status
ENTRY POI	INT (3)				1/1/23 -	12/31/2	23			Co	mplete
					1/1/24 -	12/31/2	24				
					1/1/25 -	12/31/2	25				
		Water System	Facil	ity and S	ampling	Point	t Inven	tory			
Water							Tot	al Lead	and		
*	er System Facility			Sampling P			Colife				Stage
Facility ID			D	Description	1	Sta	itus Ru	le Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	1	01	DSR-KITCHI	EN PREP SIN	A	4 Y				
		•	4	DISTRIBUTI	ON SYSTEM	A	4 Υ				
		DOWN:	STREAM	WITHIN 5 S			4				
		UPST	REAM	WITHIN 5 S	ERVICE CON	1 /	4				
00700 ENTF	RY POINT		3	ENTRY POII	NT	-	4				
21464 WEL	L		2	WELL		<i>F</i>	4				
			Con	itact Info	rmation						
Name			0	rganization						Job Title	
Mr. Peter Leal			Vi	ictory Tabera	acle Church			Pastor-Pro	eside	ent	
Mailing Address	s Line One	Mailing	Addres	s Line Two				City		State	Zip Code
220 Margarite F	Road	Р О Воз	¢ 219				Middleto	own		СТ	06457
Business Phor	ne Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email Ad	ldress			
860-704-022	8										
Mailing Address 220 Margarite F Business Phor	Road ne Extension	РОВо	Addres × 219	s Line Two		Phone		City	eside	State	

Contact Role(s): Legal Contact, Owner

	Connecticut	Depa	rtment o	of Public	Health	Drir	nking	Water	Section	
	Wate	r Qua	lity Moni	itoring a	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0820254 V	ICTORY TABERNA	CLE CHUF	RCH			N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
191 MERIDAN RO		Connectio	ons		1					
Towns Served: MI	DDLEFIELD				'					
Name				Organization					Job Title	e
Mr. Randy Tapp				Victory Church Financial Director					Director	
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City	State	Zip Code
191 Meriden Rd			PO Box 219				Middlefield		СТ	06410
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	ddress		
860-346-6771	204				203-314	-9137	randy@	ourvictory.	org	
Contact Role(s):	Administrative Co	ntact	1		1		1			

Please note the following:

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

End of schedule

Co	onnectic	ut Depa	rtment o	of Public	Health	Drin	iking '	Wate	er Se	ection	
	Wa	ter Qua	lity Moni	itoring a	and Com	plia	nce So	ched	ule		
PWS ID PW	VS Name									ner Type F	Primary Source
CT0820264 W	ADSWORTH F	ALLS/BATHR	OOM WELL			N	С	527		S	GW
Local Address (whe	re applicable)			Service	Residenti	ial Co	mmercial	Indus	trial	Combined	Agricultural
ROUTE 157				Connectio	ons 2						
Towns Served: MID	DLEFIELD					·					
			Moni	toring Re	quiremen	its					
Water System Fac	cility: DISTR	IBUTION SY	YSTEM (WSF	ID: 00600)							
Total Coliform (3	3100)								1 rou	utine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorin	g Perio	od Col	lection	Period	Comp	liance Status
Select from Inv	ventory of Act	ive Sampling	Points		4/1/24 - 6	5/30/2	4				
					7/1/24 - 9	9/30/2	4				
Physical Paramet	ters (PPS)								1 rou	utine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorin	g Perio	od Col	lection	Period	Comp	liance Status
Select from Inv	ventory of Act	ive Sampling	Points		4/1/24 - 6						
					7/1/24 - 9	9/30/2	4				
Water System Fac	cility: ENTR	Y POINT (W	VSF ID: 00700	0)							
Nitrate And Nitri	te (NOX)								1	routine (RT) per year
Sampling Point (Sampling Point ID)					Monitorin	g Perio	od Col	lection	Period	Comp	liance Status
ENTRY POINT (ENTRY POINT (3)				1/1/23 - 1	2/31/2	23	4/1-9/	30	C	omplete
					1/1/24 - 1	2/31/2	24	4/1-9/	30		
					1/1/25 - 1	2/31/2	25	4/1-9/	30		
			Other	Complian	ce Sched	ules					
Compliance Schedu	le Activity				D	ue Dat	te	Aci	hieved	Date	
SEASONAL START U	P COMPLETIO	N			4,	/1/202	24				
		Water Sy	ystem Faci	ility and S	Sampling I	Point	t Inven	tory			
Water							Tota	al Le	ad and		
,	ystem Facility		Sampling Poin				Colifo		opper		Stage
Facility ID			ID	Descriptio	n	Sta	tus Rui	e Ru	ıle Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		101	WOMEN'S	BATHROOM	Þ	Y /				
			102	MEN'S BA	THROOM	F	Y /				
			4	DISTRIBUT	TON SYSTEM	P	Y /				
			DOWNSTREAM	M WITHIN 5	SERVICE CON	P	4				
			UPSTREAM	WITHIN 5	SERVICE CON	ļ	4				
00700 ENTRY P	OINT		3	ENTRY PO	INT	ļ	4				
21465 WELL			2	WELL		ļ.	4				
			Co	ntact Info	ormation						
Name				Organization						Job Title	
Mr. David Cooley				Deep-Engine	ering Unit			Supv Ci	vil Eng	ineer	
Mailing Address Lin	e One		Mailing Addre	ess Line Two				City		State	Zip Code
163 Great Hill Road							Portland			СТ	06480
Business Phone	Extension	Fax		bile Phone	Emergency I	Phone					
860-342-2215		860-344-2	2560 860)-205-7552	860-424-3	333	david.co	oley@ct	t.gov		

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

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

		<u> </u>		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0820264	WADSWORTH FALLS/BATHROOM WELL			NC	527	S	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
ROUTE 157		Connections	2				

Towns Served: MIDDLEFIELD

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

End of schedule

	Connecticut De	•					_			ction	
		uality Monit	oring an	d Com	_				_		
PWS ID	PWS Name				Clas	sificati	on Pop		Owr		Primary Sourc
CT0829073	LYMAN ORCHARDS - LAB	OR CAMP				NC		45		Р	GW
	(where applicable)		Service	Residen	tial	Comm	ercial	Industri	al	Combine	d Agricultura
105 SOUTH ST			Connections							5	
Towns Served:	: MIDDLEFIELD										
		Monite	oring Requ	uireme	nts						
Water Systen	m Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)								
Total Colifor	m (3100)							1	l rou	tine (RT)	per quarter
	Point (Sampling Point ID)			Monitori	ng Po	eriod	Collec	tion Pe			liance Status
	om Inventory of Active Samp	ling Points		10/1/23 -							omplete
	·	-		1/1/24 -	3/31	1/24				C	omplete
			4/1/24 - 6/30/24								
				7/1/24 -	9/30	0/24					
Physical Para	ameters (PPS)							1	l rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Po	eriod	Collec	tion Pe	riod	Comp	liance Status
Select from Inventory of Active Sampling Points				10/1/23 -	12/3	31/23				C	omplete
				1/1/24 -	3/31	1/24				C	omplete
				4/1/24 -	6/30	0/24					
				7/1/24 -	9/30	0/24					
Water Systen	m Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1	routine (RT) per year
Sampling	Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Comp	liance Status
ENTRY PC	DINT (3)			1/1/23 -	12/3	1/23				C	omplete
				1/1/24 -	12/3	1/24					
				1/1/25 -	12/3	1/25					
		Other C	ompliance	Sched	lule	:S					
Compliance Sc	chedule Activity			L	Due l	Date		Achie	eved	Date	
CROSS CONNE	CTION SURVEY REPORT			3	3/1/2	2025					
	Water	System Facili	ity and Sa	mpling	Poi	int In	vento	ory			
Water							Total	Lead	and		
-	ter System Facility	Sampling Point		int			Coliforn	-	•		Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbesto	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO			Α	Υ				
		DOWNSTREAM			١	Α					
		MW001	BREAK ROOM	/		Α	Υ				

Water System Facility and Sampling Point Inventory												
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage ! DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		MW001	BREAK ROOM	Α	Υ							
		MW002	MAINTENANCE SINK	Α								
		MW003	BLDG 1 KITCHEN	Α	Υ							
		MW004	BLDG 3 BATHRM SINK 1	Α	Υ							
		MW005	BLDG 3 BATHRM SINK 2	Α	Υ							
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
60341	WELL A	2	WELL A	Α								

	Co	ontact Information				
Name		Organization		Job Title		
Mr. John Lyman	Lyman Orchards Country Farms					
Mailing Address Line One	Mailing Addr	ress Line Two	•	City	State	Zip Code
NOTE: This information has been provided t	o help owners and operators		nce with drin		uality monitori	na requirements.

Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name					Classification Population Ov			Owner Type	Primary Source		
СТ0829073	LYMAN ORCHAR	DS - LABOR	CAMP		N	IC	45	Р	GW			
Local Address (where applicable) Service Re						ntial Co	mmerci	al Industri	al Combine	ed Agricultural		
105 SOUTH STRE	ET			Connection	S				5			
Towns Served: N	/IDDLEFIELD				,	,			,			
PO ROX 423							iviiaaie	тіеіа	CI	06455		
Business Phon	Mobile	e Phone Emergency Phone Email Address										
860-349-1793 6001 203-349-1424 JLYMAN3@LYMANORCHARDS.COM										ОМ		

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

Please note the following:

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

End of schedule

	Co		•	rtment o							ection	
		Wa	ter Qual	lity Moni	toring a	and Com	plia	nce Sc	hed	lule		
PWS ID	PW	/S Name					- Classifi	cation Po	pulati	ion Ow	ner Type P	rimary Source
CT082907	4 GC	LF CENTER A	T LYMAN OR	CHARDS			N	С	25		Р	GW
Local Add	ress (whe	e applicable)			Service	Resident	ial Co	mmercial	Indu	strial	Combined	Agricultural
700 MAIN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Connectio	ons		1				
Towns Ser		DLEFIELD				I						
				Monit	oring Re	quiremer	nts					
Water Sy	stem Fac	ility: DISTF	RIBUTION SY	STEM (WSF								
Total Co	liform (3	100)								1 rou	utine (RT)	per quarter
Sam	oling Poin	t (Sampling F	Point ID)			Monitorin	g Perio	od Colle	ection	Period	Compl	iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 - :	12/31/	23			Co	omplete
						1/1/24 - 3	3/31/2	4			Co	omplete
						4/1/24 - (6/30/2	4				
						7/1/24 - 9	9/30/2	4				
Physical	Paramet	ers (PPS)								1 rou	utine (RT)	per quarter
_		t (Sampling F	oint ID)			Monitorin	g Perio	od Colle	ection	Period		iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 - :	12/31/	23			Co	mplete
		<u> </u>				1/1/24 - 3	3/31/2	4			Co	omplete
						4/1/24 - (<u> </u>
						7/1/24 - 9						
Water Sv	stem Fac	ility: ENTR	Y POINT (W	/SF ID: 00700)							
		te (NOX)	- (•					1	routine (I	RT) per year
		t (Sampling F	Point ID)			Monitorin	a Perio	nd Colle	ection	Period	=	iance Status
_	RY POINT (·············			1/1/23 - 1						omplete
214111	(11011)	<i>3</i> ,				1/1/24 - 1						- Impiete
						1/1/25 - 1						
				Othor (`amplian							
				Other C	.ompiiar	ice Schedi						
Complian							ue Dat		A	chieved	Date	
CROSS CO	NNECTIO	N SURVEY RE	PORT			3	/1/202	28				
			Water Sy	stem Faci	lity and S	Sampling	Point	t Invent	tory			
Water								Tota		ad and		
System	_	stem Facility		Sampling Point				Colifor		Copper		Stage
Facility ID				ID	Description		Sta		e K	uie Tier	Aspestos	WQP 2 DBPR
00600	DISTRIBU	ITION SYSTEN		4		TION SYSTEM	Α					
				DOWNSTREAM			Α	4				
				UPSTREAM		SERVICE CON	Α	4				
00700	ENTRY P	TNIC		3	ENTRY PO	INT	Α	4				
58074	WELL #1			2	WELL #1		Α	4				
						ormation						
Name)rganization						Job Title	
Mr. John	Lyman			L	yman Orcha	rds Country F	arms	(Owne	ſ		
Mailing Ad	ddress Lin	e One		Mailing Addre	ss Line Two				City		State	Zip Code
PO Box 45	53							Middlefie	ld		СТ	06455
Busines	s Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Add	dress			

JLYMAN3@LYMANORCHARDS.COM

860-349-1793

6001

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

203-349-1424

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

			<i>-</i>	0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0829074	GOLF CENTER AT LYM	IAN ORG	CHARDS			NC	25	Р	GW
Local Address (v	Local Address (where applicable)			Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural
700 MAIN STREET			Connections						

Towns Served: MIDDLEFIELD

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End of schedule

		Connecticut I	Department of	Public Hea	lth	Drinl	king V	Vater S	ection	
		Water	Quality Monit	oring and C	Com	plian	ce Sc	hedule		
PWS ID		PWS Name	Cara ay	8 - 3 -					wner Type	Primary Source
CT082028	84	144 MERIDEN RD				NC		25	P	GW
Local Add	dress (w	here applicable)		Service Re	sident	tial Com	mercial	Industrial	Combine	d Agricultural
144 MERI	IDEN R	DAD		Connections					1	_
Towns Se	rved: N	MIDDLEFIELD								
			Monit	oring Require	mei	nts				
Water Sy	ystem	Facility: DISTRIBUT	TION (WSF ID: 00600))						
Total Co	oliform	(3100)						1 r	outine (RT)	per quarter
		oint (Sampling Point I	D)	Moi	nitorii	ng Period	d Colle	ction Perio		liance Status
Sele	ct from	Inventory of Active Sa	impling Points	10/1	L/23 -	12/31/2	3		C	omplete
				1/1	L/24 -	3/31/24			C	omplete
				4/1	L/24 -	6/30/24				
				7/1	L/24 -	9/30/24				
Physical	l Parar	neters (PPS)						1 r	outine (RT)	per quarter
Sam	pling P	oint (Sampling Point I	D)	Moi	nitorii	ng Period	d Colle	ction Perio	d Comp	liance Status
Sele	ct from	Inventory of Active Sa	ampling Points	10/1	L/23 -	12/31/2	3		C	omplete
				1/1	L/24 -	3/31/24			C	omplete
				4/1	L/24 -	6/30/24				
				7/1	L/24 -	9/30/24				
Water Sy	ystem	Facility: ENTRY PO	INT (WSF ID: 00700)							
Nitrate A	And N	itrite (NOX)							1 routine (RT) per year
Sam	pling P	oint (Sampling Point I	D)	Moi	nitorii	ng Period	d Colle	ction Perio	d Comp	liance Status
ENT	NO9 YR	NT (3)		1/1	/23 - :	12/31/23	}		C	omplete
				1/1	/24 - :	12/31/24	<u> </u>			omplete
				1/1	/25 - :	12/31/25	i			
		Wa	ter System Facil	ity and Samp	ling	Point	Invent	ory		
Water							Total	Lead ar	nd	
System		r System Facility		Sampling Point			Colifor			Stage
Facility IL			ID	Description		Stati		Rule Ti	er Asbesto	s WQP 2 DBPR
00600	DISTE	RIBUTION	10	BACKROOM TAP		Α	Υ			
			4	DISTRIBUTION		Α	Υ			
			DOWNSTREAM			Α	Υ			
			UPSTREAM	DISTRIBUTION		Α	Υ			
00700		Y POINT	3	ENTRY POINT		Α				
60500	WELL		2	WELL #1		Α				
62722	ION-E	XCHANGE TREATMET								
			Con	tact Informa	tion					
Name			0	rganization					Job Title	
Mr. Mich	ael Bat	ista	N	ewfield Donuts. LL0	_		١	/lanager		

Name				Organization	l		Job Title			
Mr. Michael Batista	3			Newfield Donuts, LLC Manager						
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code		
57 South Broad Stre	eet					Meriden	СТ	06450		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address				
203-238-3482	3				203-410-9766	michael.batista@batistaco.com				

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

PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0820284	144 MERIDEN RD						NC	25	Р	GW
Local Address (where applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
144 MERIDEN ROAD		Connections					1			

Towns Served: MIDDLEFIELD

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

End of schedule

	Connecticu	ut Depa	rtment of	Public	Health	Drir	nking '	Water	Sec	ction	
		•	lity Monit				_				
PWS ID	PWS Name					Classif	ication P	opulation	Owne	er Type P	rimary Source
CT0829094	RICH FARM ICE C	REAM				N	IC	25		Р	GW
Local Addre	ess (where applicable)			Service	Resident	ial Co	mmercial	Industri	al C	Combined	Agricultural
1 LORRAINE	TERRACE			Connection	S		2				
Towns Serv	ed: MIDDLEFIELD								·		
			Monito	oring Req	uiremer	nts					
Water Syst	tem Facility: DISTR I	IBUTION S	YSTEM (WSF II	D: 00600)							
	form (3100)							1	l rout	ine (RT)	per quarter
Sampl	ing Point (Sampling Po	oint ID)			Monitorin	g Peri	od Col	lection Pe	riod	Compli	iance Status
Select	from Inventory of Acti	ve Sampling	Points		10/1/23 -	12/31/	/23				
					4/1/24 -	6/30/2	24				
					7/1/24 - 9	9/30/2	24				
-	Parameters (PPS)										per quarter
_	ing Point (Sampling Po				Monitorin			lection Pe	riod	Compli	iance Status
Select	from Inventory of Acti	ve Sampling	Points		10/1/23 -						
					4/1/24 -	-					
					7/1/24 - 9	9/30/2	24				
•	tem Facility: ENTRY	POINT (V	VSF ID: 00700)								
	nd Nitrite (NOX)									=	RT) per year
-	ing Point (Sampling Po	oint ID)			Monitorin			lection Pe	riod		iance Status
ENTRY	POINT (3)				1/1/23 - 1						mplete
					1/1/24 - 1					Сс	mplete
					1/1/25 - 1		25				
			Other Co	omplianc	e Sched	ules					
	Schedule Activity					ue Da		Achie	ved D	ate	
	O SANITARY SURVEY					27/20					
CORRECTIV	E ACTION/CORRECTIVE					26/20					
	'	Water S	ystem Facili	ty and Sa	ampling	Poin	t Inven	tory			
Water							Tota				
	Water System Facility		Sampling Point ID				Colifo			A-b+	Stage
Facility ID	DISTRIBUTION SYSTEM			Description			atus Rul	е ките	iier .	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM		4	DISTRIBUTIO			A A				
			DOWNSTREAM				A Y				
00700 E	ENTRY POINT		UPSTREAM 3	WITHIN 5 SE			А <u>Ү</u> А				
	WELL 1		2	WELL 1	11		A				
02743	VV L L			tact Info	rmation	,					
Name				ganization	imation					Job Title	
Ms. Jill Serr				ch Farm Ice C	Cream			Owner			
	dress Line One		Mailing Address					City		State	Zip Code
1 Lorraine T							Rockfall	•		СТ	06481
Business I		Fax	Mobi	le Phone	Emergency	Phone		dress		1 1	
860-358-					203-305-6			middlefiel	d@gm	nail.com	
							1				

Contact Role(s): Administrative Contact, Owner

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0829094	RICH FARM ICE CREA	М				NC	25	Р	GW
Local Address (v	Local Address (where applicable)			Service	Residen	ntial Commerci	ial Industri	al Combine	ed Agricultural
1 LORRAINE TERRACE			Connections		2				

Towns Served: MIDDLEFIELD

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