	Connectic	ut Depa ter Qua						_				
PWS ID	PWS Name	ter Qua	iity ivi	OIII	oring a	iiiu Coii						Primary Source
CT0830014	COYOTE BLUE R	FSTALIBANT						IC	-	25	P	GW
	where applicable)	LSTAUNANT			Service	Residen		mmerci	1	ndustrial	-	
1960 SAYBROO					Connectio		tiai Co	1	iai ii	idustriai	Combine	Agricultural
	MIDDLETOWN											
Towns Served.	WIEDEL TO WIE		D.	lonit	oring Po	quireme	ntc					
Water System	n Facility: DISTR	IBUTION SY				quireine	1115					
Total Colifor	m (3100)									1 r	outine (RT) per quarter
Sampling	Point (Sampling P	oint ID)				Monitori	ng Perio	od C	Collect	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				
Physical Para	meters (PPS)									1 r	outine (RT) per quarter
Sampling		Monitori	ng Perio	od C	Collect	ion Perio	od Com _l	oliance Status				
Select fro		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 (W	VSF ID: 0	0700)								
Nitrate And I	Nitrite (NOX)										1 routine	(RT) per year
Sampling	Point (Sampling P	oint ID)				Monitori	ng Perio	od C	Collect	ion Perio	od Com _l	oliance Status
ENTRY PO	INT (3)					•						Complete
						1/1/24 -	12/31/2	24				Complete
						1/1/25 -	12/31/2	25				
		Water Sy	ystem	Facili	ity and S	ampling	Point	t Inve	ento	ry		
Water								T	otal	Lead a	nd	
-	ter System Facility				Sampling				liform	Сорре		Stage
Facility ID			ID)	Description		Sta	itus F	Rule	Rule T	ier Asbesto	s WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM		4			ION SYSTEM		4	Υ			
						SERVICE CON		4				
			UPSTR			SERVICE CON		4				
	RY POINT		3		ENTRY POI	NT		4				
21467 WEI	<u>LL</u>		2		WELL			4				
				Con	tact Info	ormation						
Name				O	rganization						Job Title	2
Ms. Jo-Ann Pyt	tlik											
Mailing Addres	ss Line One		Mailing	Addres	s Line Two				Ci	ity	State	Zip Code
P.O. Box 421								Higgar	num		СТ	06441
Business Pho 860-659-273		Fax		Mobi	ile Phone	Emergency	Phone	Email /	Addre	SS		
Contact Role(s)	: Legal Contact, (Owner				1		1				

	Connecticu	ıt Depa	rtment	of Public	Health	Drir	ıking	g Water	Section			
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le			
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source		
СТ0830014	OYOTE BLUE RE	STAURANT				N	С	25	Р	GW		
Local Address (wh	Address (where applicable)				Resider	ntial Co	ommercial Industri		al Combin	ed Agricultural		
L960 SAYBROOK ROAD Connection							1					
Towns Served: MI	DDLETOWN				,							
Name				Organization				Job Title				
Mr. Drew Engelha	ırdt											
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code		
1960 Saybrook Ro	ok Road Middletown CT 06								06457			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address	,			
860-345-2403												
Contact Role(s):	Administrative (Contact	•									

Contact Role(s): Administrative Contact

Please note the following:

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

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 Water Quality Monit				_				
PWS ID	PWS Name		Classification		Population	Owner Type	Primary Source		
CT0830024	RON MCCUTCHEON PARK				NC	25	L	GW	
Local Address (where applicable)	Service	Residen	ntial Commerc		al Industri	al Combin	ed Agricultural	
LIVINGSTON ROAD Connections					2				
Towns Served:	MIDDLETOWN							•	

Towns Served: MIDDLETOWN									
Monitor	ring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)								
Total Coliform (3100)		1 routine (RT) per qu							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	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	4/1/24 - 6/30/24								
	7/1/24 - 9/30/24								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate (1040)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	4/1/24 - 6/30/24								
	7/1/24 - 9/30/24								
Nitrite (1041)		1 r	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete						
	1/1/24 - 12/31/24								
	1/1/25 - 12/31/25								
Other Co.	mpliance Schedules								

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 SEASONAL START UP COMPLETION
 5/10/2024

Public Notification Requirements											
	Compliance	Notice	Public No	<u>tification</u>	PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	12/31/2013		1/10/2014						
Physical Parameters M&R Violation	4/1/14 - 6/30/14	3	8/21/2015		8/31/2015						
Total Coliform M&R Violation	7/1/19 - 9/30/19	3	11/13/2020		11/23/2020						
Physical Parameters M&R Violation	7/1/19 - 9/30/19	3	11/13/2020		11/23/2020						
Nitrate M&R Violation	10/1/19 - 12/31/19	3	4/22/2021		5/2/2021						

	Wa	ter System Facili	ity and Sampling P	oint Ir	vento	ry			
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					
21468	WELL	2	WELL	А					
55812	ATMOSPHERIC TANK								

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0830024	RON MCCUTCHEON PARK			NC	25	L	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
LIVINGSTON RO)AD	Connections		2			

Towns Served: MIDDLETOWN

		Co	ontact Inf	ormation				
		Organization	ı	Job Title				
			City of Middl	etown		Mayor		
e One		Mailing Addr	ess Line Two		City		State	Zip Code
Building		245 Dekover	n Drive		Middleto	own	СТ	06457
Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
	860-344-3	540	mayor@MiddletownCT.gov					
	e One Building Extension	Building Extension Fax 860-344-3	e One Mailing Addr Building 245 Dekover Extension Fax Mo 860-344-3540	Organization City of Middle One Mailing Address Line Two Building 245 Dekoven Drive Extension Fax Mobile Phone 860-344-3540	Building 245 Dekoven Drive Extension Fax Mobile Phone Emergency Phone 860-344-3540	Organization City of Middletown e One Mailing Address Line Two Building 245 Dekoven Drive Middleto Extension Fax Mobile Phone Emergency Phone Email Action Mayor@	Organization City of Middletown Mailing Address Line Two Building 245 Dekoven Drive Extension Fax Mobile Phone Emergency Phone Email Address mayor@Middletown	Organization Job Title City of Middletown Mayor e One Mailing Address Line Two City State Building 245 Dekoven Drive Middletown CT Extension Fax Mobile Phone Emergency Phone Email Address mayor@MiddletownCT.gov

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

	Coi	nnectic	ut Depa	rtment	of Pu	ıblic	Health	n Dri	inki	ing V	Vate	r Se	ection		
		Wa	ter Qua	lity Mor	nitori	ng a	nd Cor	npli	anc	e Sc	hedu	ıle			
PWS ID	PWS	Name						Class	sificati	ion Po	pulatio	n Ow	ner Type	Pri	mary Soເ
СТ0830034	ITAL	IAN AMERI	CAN CIVIC OF	RDER, INC					NC		25		Р		GW
Local Addre	ess (where	applicable)			Sen	vice	Reside	ntial (Comm	nercial	Indust	rial	Combine	ed	Agricult
550 ARBUTI	US ROAD				Con	nection	ns		1	L					
Towns Serve	ed: MIDDI	ETOWN													
				Mor	itorin	g Red	quireme	ents							
Water Syst	tem Facili	ity: DISTE	RIBUTION S	YSTEM (WS	SF ID: 00)600)									
Total Colif	-	-											utine (R		•
-		Sampling F					Monitor			Colle	ection P	Period			nce Statı
Select	from Inve	ntory of Act	ive Sampling	Points			10/1/23		-					Con	nplete
							1/1/24		-					Con	nplete
							4/1/24		-						
							7/1/24	- 9/30,	/24						
Physical P													utine (R		•
		Sampling F			Monitor			Colle	ection P	Period			nce Stati		
Select	from Inve	ntory of Act	ive Sampling	Points			10/1/23								nplete
							1/1/24							Con	nplete
							4/1/24								
							7/1/24	- 9/30,	/24						
Water Syst	tem Facili	ity: ENT R	Y POINT (V	VSF ID: 007	00)										
Nitrate Ar		• •										1	routine	-	
-		Sampling F	Point ID)				Monitor			Colle	ection P	Period			nce Statı
ENTRY	POINT (3)						1/1/23 -	-	-					Con	nplete
							1/1/24 -	-	-						
							1/1/25 -	12/31	1/25						
				Other	Com	pliand	ce Sche	dules	S						
Compliance	Schedule	Activity						Due D	ate		Ach	ieved	Date		
RESPOND T	O SANITAI	RY SURVEY					1	11/16/	2018						
			Water S	ystem Fa	cility a	and S	ampling	g Poi	nt Ir	vent	ory				
Water					•					Tota		d and			
System V	Water Sys	tem Facility	,	Sampling Po	int Sam	pling F	Point			Colifor	m Co	pper			Sta
Facility ID				ID	Des	cription	1	S	tatus	Rule	Rul	le Tier	Asbesto	os l	VQP 2 D
00600	DISTRIBUT	ION SYSTEN	1	4	DIST	RIBUTI	ON SYSTEM	Λ	Α	Υ					
				DOWNSTREA	AM WIT	HIN 5 S	SERVICE CO	N	Α						
				UPSTREAN	/ WIT	HIN 5 S	SERVICE CO	N	Α						
00700 E	ENTRY POI	NT		3	ENT	RY POI	NT		Α						
21469 V	WELL			2	WEI	_L			Α						
				С	ontac	t Info	rmatio	า							
Name					Organi	zation							Job Titl	e	
Mr. Louis A	resco						an Civic Or	der		F	resider	nt			
Mailing Add	dress Line	One		Mailing Add	ress Line	Two				1	City		State		Zip Code
550 Arbutus									Mi	ddletov			СТ		06457
Business I		Extension	Fax	M	obile Ph	one	Emergenc	y Phon	ne Em	nail Add	ress				
			1				<u> </u>	-							

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.

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

860-369-3931

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

PWS Name			Clas	sification	Population	Owner Type	Primary Source
ITALIAN AMERICAN CIVIC ORDER, INC				NC	25	Р	GW
here applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
)AD	Connections			1			
ľ	TALIAN AMERICAN CIVIC ORDER, INC	TALIAN AMERICAN CIVIC ORDER, INC nere applicable) Service	TALIAN AMERICAN CIVIC ORDER, INC sere applicable) Service Resider	TALIAN AMERICAN CIVIC ORDER, INC nere applicable) Service Residential	TALIAN AMERICAN CIVIC ORDER, INC nere applicable) Service Residential Commercia	TALIAN AMERICAN CIVIC ORDER, INC Dere applicable) Service Residential Commercial Industrial	TALIAN AMERICAN CIVIC ORDER, INC Pere applicable) Service Residential Commercial Industrial Combine

Towns Served: MIDDLETOWN

Please note the following:

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- 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 Department of				_			l	
PWS ID	Water Quality Monitoring and Compliance Schedule WS ID PWS Name Classification Population Owner Type Primary Source								mary Source
CT0830044	MIDDLETOWN DOT REST AREA (I-91 NORTH	1)			NC	25	S		GW
Local Address (Local Address (where applicable) Service Residential Commercial Industrial Combined Agric							Agricultural	
I - 91 NORTH		Connections			1				

Towns Served: MIDDLETOWN			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Total Coliform (3100)		3 rep	eat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/3/23 - 10/8/23		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		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24	_	
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		•
Water System Facility: WELL #1 (8-INCH) (WS	F ID: 21470)		
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

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	Connecticut De	partment of	Public	Health	Dr	inkii	ng W	later Se	ection	
		iality Monit					_			
PWS ID	PWS Name		<u> </u>		_			T	ner Type P	rimary Source
CT083004	4 MIDDLETOWN DOT REST	AREA (I-91 NORTH)			NC		25	S	GW
Local Add	ress (where applicable)		Service	Residen	ntial	Comme	ercial	Industrial	Combined	Agricultural
I - 91 NOF	RTH		Connection	S		1				
Towns Se	rved: MIDDLETOWN			·			·			
		Monito	oring Req	Juireme	ents					
Water Sy	stem Facility: WELL #1 (8-IN	CH)	(WSF ID: 2	1470)						
E. Coli (3014)							1 trig	gered (TG)	per period
Sam	pling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collec	ction Period	Compli	ance Status
WEL	L (2)			10/2/23	- 10/	8/23			Со	mplete
		Other Co	omplianc	e Sched	dule	S				
Complian	ce Schedule Activity				Due L	Date		Achieved	Date	
CROSS CC	NNECTION EXEMPTION				3/1/2	2029				
	Water	System Facili	ity and Sa	ampling	, Poi	nt In	vento	ory		
Water							Total	Lead and	I	
System	Water System Facility	Sampling Point		oint		(Coliforn			Stage
Facility II		ID	Description			tatus	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	ON SYSTEM	1	Α	Υ			
		DOWNSTREAM				Α				
		UPSTREAM	WITHIN 5 SE	ERVICE COI	N	Α				
00700	ENTRY POINT	3	ENTRY POIN	IT		Α				
21470	WELL #1 (8-INCH)	2	WELL			Α				
57903	HYDROPNEUMATIC STORAGE									
57904	TRANSFER PUMPS									
ST001	ATMOSPHERIC STORAGE - STEE 5K	L								
		Certified	Operato	r Inform	natio	on				
Water Sy	stem Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Facility Cl	assification: DISTRIBUTION SYST	EM								Certification
Operator	Name	Operator Type	e	Certificatio	on(s)					Expiration
GRANT, S	HANE	CHIEF OPERATO	DR \	WATER TRE	EATM	ENT PL	ANT OP	PERATOR - C	LASS II	9/30/2026
			I	DISTRIBUTI	ION S'	YSTEM	OPERA ⁻	TOR - CLASS	5 H	9/30/2026
PETITTI, A	NDY	ASSIGNED OPER	RATOR I	DISTRIBUTI	ION S'	YSTEM	OPERA	TOR - CLASS	51	6/30/2025
			\	WATER TRE	EATM	ENT PL	ANT OP	PERATOR - C	LASS I	12/31/2025
		Con	tact Info	rmation	1					
Name		Oı	rganization						Job Title	

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.

Department of Transportation

Mailing Address Line Two

Mobile Phone

Commissioner

State

CT

Zip Code

06111

City

Newington

Emergency Phone Email Address

Mr. Joseph Giulietti

2800 Berlin Turnpike

Business Phone

860-594-3000

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact

Fax

	Connectic	ut Depa	rtment of	Public	Health	Drir	nking	Water	Section	
	Wa	ter Qua	lity Monit	oring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name						ication	Population	Owner Type	Primary Source
CT0830044	MIDDLETOWN [OOT REST AR	EA (I-91 NORTH)		N	IC	25	S	GW
Local Address (w		Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural		
I - 91 NORTH				Connection	S		1			
Towns Served: M	IDDLETOWN				·				·	
Name			0	rganization					Job Titl	e
Mr. Jeff Tedesco			C	ΓDot				Site Main	Supervisor	
Mailing Address I	ine One		Mailing Addres	s Line Two				City	State	Zip Code
2800 Berlin Tpke							Newing	gton	СТ	06111
Business Phone	Extension	Fax	Mobi	le Phone	Emergenc	y Phone	Email A	Address	,	
860-594-3000					860-594	-3000	jeffrey.	tedesco@ct	t.gov	
Contact Role(s):	Owner									

Please note the following:

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

End of schedule

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Prir	mary Source		
CT0839054	MINER HILLS FAMILY GOLF LLC				NC	29	L		GW	
Local Address (where applicable) Service Resid					Commerci	al Industri	al Combin	ed	Agricultural	
80 MINER HIL	LS DR					1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLETOWN

Towns Served. MIDDLE TOWN			
Monit	oring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700))		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Water System Facil	lity and Sampling Point In	ventory	

	Wat	ter System Facili	ity and Sampling P	oint Ir	nventoi	ry		
Water System Facility IL	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			
00700	ENTRY POINT	3	ENTRY POINT	Α				
60094	WELL 1	2	WELL 1	Α				

		C	ontact Inf	ormation				
Name				1		Job Title		
Mr. Michael Streckfus				mily Golf LLC	Manager			
Mailing Address Line One Mailing Addr				ess Line Two			State	Zip Code
					Middleto	own	СТ	06457
Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress		
	860-563-4	1593 86	50-402-7914	860-563-5320	mikestre	ckfus@icloud	l.com	
	One	One Extension Fax 860-563-4	One Mailing Add Extension Fax M 860-563-4593 86	Miner Hil Fa One Mailing Address Line Two Extension Fax Mobile Phone 860-563-4593 860-402-7914	One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone 860-563-4593 860-402-7914 860-563-5320	Miner Hil Family Golf LLC One Mailing Address Line Two Middlete Extension Fax Mobile Phone Emergency Phone Email Ad 860-563-4593 860-402-7914 860-563-5320 mikestre	Miner Hil Family Golf LLC Manager One Mailing Address Line Two City Middletown Extension Fax Mobile Phone Emergency Phone Email Address 860-563-4593 860-402-7914 860-563-5320 mikestreckfus@icloud	Miner Hil Family Golf LLC One Mailing Address Line Two City State Middletown CT Extension Fax Mobile Phone Bemergency Phone Emergency Phone

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

Please note the following:

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

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

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

End of schedule

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.