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

| PWS ID                           | PWS Name            |             |         | Cla   | ssification | Population  | Owner Type | Primary Source  |
|----------------------------------|---------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT1000124                        | MOUNTAIN SIDE LODGE |             |         |       | NTNC        | 111         | Р          | GW              |
| Local Address (where applicable) |                     | Service     | Resider | itial | Commercia   | al Industri | al Combine | ed Agricultural |
| 187 SOUTH CAN                    | AAN ROAD (ROUTE 7)  | Connections |         |       | 4           |             |            |                 |

| Towns Served: NORTH CANAAN                            |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Monitori  | ing Requirements         |                          |                          |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID:   | 00600)                   |                          |                          |
| Asbestos (1094)                                       |                          | 1 routine                | e (RT) per nine years    |
| Sampling Point (Sampling Point ID)                    | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status        |
| Select from Inventory of Active Sampling Points       | 1/1/20 - 12/31/28        |                          |                          |
| Total Coliform (3100)                                 |                          | 1 rout                   | tine (RT) per quarter    |
| Sampling Point (Sampling Point ID)                    | Monitoring Period        | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points       | 1/1/24 - 3/31/24         |                          | Complete                 |
|   | 4/1/24 - 6/30/24         |                          |                          |
|   | 7/1/24 - 9/30/24         |                          |                          |
| Lead And Copper (PBCU)                                |                          | 5 r                      | outine (RT) per year     |
| Sampling Point (Sampling Point ID)                    | Monitoring Period        | <b>Collection Period</b> | Compliance Status        |
| Select from Inventory of Active Sampling Points       | 1/1/23 - 12/31/23        | 6/1-9/30                 | Complete                 |
|   | 1/1/24 - 12/31/24        | 6/1-9/30                 |                          |
|   | 1/1/25 - 12/31/25        | 6/1-9/30                 |                          |
| Physical Parameters (PPS)                             |                          | 1 rout                   | tine (RT) per quarter    |
| Sampling Point (Sampling Point ID)                    | Monitoring Period        | <b>Collection Period</b> | <b>Compliance Status</b> |
| 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)    |                          |                          |                          |
| Inorganic Chemicals (IOCS)                            |                          | 1 routine                | (RT) per three years     |
| Sampling Point (Sampling Point ID)                    | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |
| ENTRY POINT (3)                                       | 1/1/23 - 12/31/25        |                          |                          |
|   | 1/1/26 - 12/31/28        |                          |                          |
| Nitrate And Nitrite (NOX)                             |                          | 1 r                      | outine (RT) per year     |
| Sampling Point (Sampling Point ID)                    | <b>Monitoring Period</b> | <b>Collection Period</b> | 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        |                          |                          |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) |                          | 1 routine                | (RT) per three years     |
| Sampling Point (Sampling Point ID)                    | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status        |
| ENTRY POINT (3)                                       | 1/1/23 - 12/31/25        |                          |                          |
|   | 1/1/26 - 12/31/28        |                          |                          |
| Organic Chemicals (VOCS)                              |                          | 1 r                      | outine (RT) per year     |
| Sampling Point (Sampling Point ID)                    | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status        |
| ENTRY POINT (3)                                       | 1/1/23 - 12/31/23        |                          |                          |
|   | 1/1/24 - 12/31/24        |                          |                          |
|   | 1/1/25 - 12/31/25        |                          |                          |

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

| PWS ID                           | PWS Name           |                 |  | Cla   | ssification | Population  | Owner Type | Prir | mary Source  |
|----------------------------------|--------------------|-----------------|--|-------|-------------|-------------|------------|------|--------------|
| CT1000124 MOUNTAIN SIDE LODGE    |                    |                 |  | NTNC  | 111         | Р           |            | GW   |              |
| Local Address (where applicable) |                    | Service Residen |  | ntial | Commerci    | al Industri | al Combin  | ed   | Agricultural |
| 187 SOUTH CAN                    | AAN ROAD (ROUTE 7) | Connections     |  |       | 4           |             |            |      |              |

Towns Served: NORTH CANAAN

| Other Compliance Schedules         |            |               |  |  |  |  |  |  |
|------------------------------------|------------|---------------|--|--|--|--|--|--|
| Compliance Schedule Activity       | Due Date   | Achieved Date |  |  |  |  |  |  |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 |               |  |  |  |  |  |  |
| COMPLETE INITIAL LSL INVENTORY     | 10/16/2024 |               |  |  |  |  |  |  |
| CROSS CONNECTION SURVEY REPORT     | 3/1/2025   |               |  |  |  |  |  |  |

|                                | Water System Facility and Sampling Point Inventory |                      |                            |        |                           |                                 |          |                     |  |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|---------------------|--|
| Water<br>System<br>Facility IL | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | Stage<br>WQP 2 DBPR |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 4                    | DISTRIBUTION SYSTEM        | A      | Υ                         |                                 |          |                     |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                           |                                 |          |                     |  |
|                                |  | MTSL001              | HANDWASH SINK              | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL002              | CONF RM BATH               | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL003              | WOMEN LOBBY BATH           | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL004              | MED ROOM                   | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL005              | DREVER HALL                | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL006              | MEN BIG BATH               | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL007              | WOMEN BIG BATH             | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL008              | LOBBY MEN                  | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL009              | SECURITY BATH              | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL010              | CLIENT SERVICES BATH       | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL011              | WOMEN BATH 2               | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL012              | 102 BATH                   | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL013              | 202 BATH                   | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL014              | WOMEN SITTING BATH         | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | MTSL015              | 117 BATH                   | Α      | Υ                         | N                               | Υ        |                     |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                           |                                 |          |                     |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                | Α      |                           |                                 |          |                     |  |
| 21771                          | WELL   | 2                    | WELL                       | Α      |                           |                                 |          |                     |  |
| 55946                          | TREATMENT PLANT                                    |                      |                            |        |                           |                                 |          |                     |  |
| 55951                          | FIRE SPRINKLER TANK                                |                      |                            |        |                           |                                 |          |                     |  |

### **Certified Operator Information**

Water System Facility: TREATMENT PLANT (WSF ID: 55946)

| Facility Classification: CLASS 1 TREATMEN | NT PLANT       |   | Certification |
|---|----------------|---|---------------|
| Operator Name                             | Operator Type  | Certification(s)                          | Expiration    |
| KILBOURN, ERIC M.                         | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I    | 12/31/2025    |
|   |                | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2025    |

|                          | Contact Information      |         |              |          |  |
|--------------------------|--------------------------|---------|--------------|----------|--|
| Name                     | Organization             |         | Job Title    |          |  |
| Mr. John Steele          | Mountainside             | Directo | r Operations |          |  |
| Mailing Address Line One | Mailing Address Line Two | City    | State        | Zip Code |  |
| D O Day 747              | 107 Dauta 7              | Canana  | CT           | 00010    |  |

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                        | ut Departme  | ent of F   | 'ublic f  | lealth   | Drir   | iking  | g Water  | Section   |   |
|----------------------------------|--|--|---|--|--|--|--|---|---|
| Wat                              | ter Quality N  | Monito   | ring an   | d Con  | nplia  | nce S  | Schedul  | le  |   |
| PWS Name                         |  |  |   |  | Classif  | ication  | Population   | Owner Type  | Primary Source  |
| MOUNTAIN SIDE                    | LODGE  |  |   |  | NT   | NC   | 111  | Р   | GW  |
| Local Address (where applicable) |  |  | ervice  | Residen  | itial Co   | mmerci   | al Industri  | al Combine  | ed Agricultural   |
| AAN ROAD (ROU                    | ΓE 7)  | С  | connections   | ections  |  | 4  |  |   |   |
| ORTH CANAAN                      |  |  |   |  |  |  |  |   |   |
|                                  | 187 KO   | oute /   |   |  |  | Canaar   | 1  | CI  | 06018   |
| Extension                        | Fax  | Mobile I   | Phone E   | mergency   | / Phone  | one Email Address  |  |   |   |
|                                  | 888-848-2850   |  |   | 860-558-   | 8-8636 john.steele@mountainside.com  |  |  |   |   |
|                                  | PWS Name MOUNTAIN SIDE here applicable) AAN ROAD (ROUT ORTH CANAAN E Extension | Water Quality I PWS Name MOUNTAIN SIDE LODGE here applicable) AAN ROAD (ROUTE 7) ORTH CANAAN  187 RO E Extension Fax | Water Quality Monito PWS Name MOUNTAIN SIDE LODGE here applicable) AAN ROAD (ROUTE 7) ORTH CANAAN E Extension Fax Mobile 888-848-2850 | Water Quality Monitoring and PWS Name  MOUNTAIN SIDE LODGE  here applicable) AAN ROAD (ROUTE 7)  ORTH CANAAN  Example 187 Route 7  Example 2888-848-2850 | Water Quality Monitoring and Con PWS Name  MOUNTAIN SIDE LODGE here applicable) AAN ROAD (ROUTE 7)  ORTH CANAAN  187 ROUTE 7  E Extension Fax Mobile Phone Emergency 888-848-2850 860-558- | Water Quality Monitoring and Complia  PWS Name Classifi MOUNTAIN SIDE LODGE NT here applicable) Service Connections Connections ORTH CANAAN  187 ROUTE 7  E Extension Fax Mobile Phone Emergency Phone 888-848-2850 860-558-8636 | Water Quality Monitoring and Compliance Service NTNC  MOUNTAIN SIDE LODGE  MAN ROAD (ROUTE 7)  ORTH CANAAN  187 Route 7  E Extension Fax Mobile Phone Emergency Phone Email A 888-848-2850  860-558-8636 john.st | Water Quality Monitoring and Compliance Schedul PWS Name Classification Population MOUNTAIN SIDE LODGE NTNC 111 Nere applicable) Service Residential Commercial Industri Connections 4  ORTH CANAAN Extension Fax Mobile Phone Emergency Phone Email Address 888-848-2850 860-558-8636 john.steele@mour | MOUNTAIN SIDE LODGE  NTNC 111 P  Service Residential Commercial Industrial Combine  AAN ROAD (ROUTE 7)  ORTH CANAAN  Extension Fax Mobile Phone Emergency Phone Email Address 888-848-2850  860-558-8636 john.steele@mountainside.com |

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

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

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

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

End of schedule

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

| PWS ID                           | PWS Name                      |             |         | Cla   | ssification | Population  | Owner Type | Primary Source  |
|----------------------------------|-------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT1000233                        | MOUNTAINSIDE TREATMENT CENTER |             |         |       | NTNC        | 80          | Р          | GW              |
| Local Address (where applicable) |                               | Service     | Resider | ntial | Commerci    | al Industri | al Combine | ed Agricultural |
| 181 SOUTH CA                     | NAAN ROAD                     | Connections |         |       |             |             | 1          |                 |

| 101 300 111 6/11/7/11/11/10/12                          |                          |                          | -                     |
|---|--------------------------|--------------------------|-----------------------|
| Towns Served: NORTH CANAAN                              |                          |                          |                       |
| Monitoring  | Requirements             |                          |                       |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006 | 500)                     |                          |                       |
| Asbestos (1094)   |                          | 1 routine                | (RT) per nine years   |
| Sampling Point (Sampling Point ID)                      | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status     |
| Select from Inventory of Active Sampling Points         | 1/1/23 - 12/31/31        |                          |                       |
| Total Coliform (3100)                                   |                          | 1 rout                   | ine (RT) per quarter  |
| Sampling Point (Sampling Point ID)                      | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status     |
| Select from Inventory of Active Sampling Points         | 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         |                          |                       |
| Lead And Copper (PBCU)                                  |                          | 5 routine                | (RT) per six months   |
| Sampling Point (Sampling Point ID)                      | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status     |
| Select from Inventory of Active Sampling Points         | 7/1/23 - 12/31/23        |                          | Complete              |
|   | 1/1/24 - 6/30/24         |                          | Complete              |
|   | 7/1/24 - 12/31/24        |                          |                       |
| Physical Parameters (PPS)                               |                          | 1 rout                   | ine (RT) per quarter  |
| Sampling Point (Sampling Point ID)                      | Monitoring Period        | <b>Collection Period</b> | 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 (1040)  |                          | 1 rout                   | tine (RT) per quarter |
| Sampling Point (Sampling Point ID)                      | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status     |
| ENTRY POINT (3)   | 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         |                          |                       |
| Inorganic Chemicals (IOCS)                              |                          | 1 routine                | (RT) per three years  |
| Sampling Point (Sampling Point ID)                      | Monitoring Period        | <b>Collection Period</b> | Compliance Status     |
| ENTRY POINT (3)   | 1/1/23 - 12/31/25        |                          |                       |
|   | 1/1/26 - 12/31/28        |                          |                       |
| Nitrate And Nitrite (NOX)                               |                          | 1 r                      | outine (RT) per year  |
| Sampling Point (Sampling Point ID)                      | Monitoring Period        | <b>Collection Period</b> | 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        |                          | <u> </u>              |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS)   |                          | 1 routine                | (RT) per three years  |
| Sampling Point (Sampling Point ID)                      | Monitoring Period        | Collection Period        | Compliance Status     |
| ENTRY POINT (3)   | 1/1/23 - 12/31/25        |                          | -                     |
|   | 1/1/26 - 12/31/28        |                          |                       |
|   |                          |                          |                       |

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                      |             |         | Cla   | ssification | Population  | Owner Type | Primary Source  |
|----------------------------------|-------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT1000233                        | MOUNTAINSIDE TREATMENT CENTER |             |         |       | NTNC        | 80          | Р          | GW              |
| Local Address (where applicable) |                               | Service     | Resider | ntial | Commerci    | al Industri | al Combine | ed Agricultural |
| 181 SOUTH CA                     | NAAN ROAD                     | Connections |         |       |             |             | 1          |                 |

Towns Served: NORTH CANAAN

| Monitoring Requirements                            |                          |                          |                          |  |  |  |  |
|--|--------------------------|--------------------------|--------------------------|--|--|--|--|
| Water System Facility: ENTRY POINT (WSF ID: 00700) |                          |                          |                          |  |  |  |  |
| Organic Chemicals (VOCS) 1 routine (RT) per year   |                          |                          |                          |  |  |  |  |
| Sampling Point (Sampling Point ID)                 | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |  |  |  |  |
| ENTRY POINT (3)                                    | 1/1/23 - 12/31/23        |                          | Complete                 |  |  |  |  |
|  | 1/1/24 - 12/31/24        |                          | Complete                 |  |  |  |  |

| Other Compliance Schedules         |            |               |  |  |  |  |
|------------------------------------|------------|---------------|--|--|--|--|
| Compliance Schedule Activity       | Due Date   | Achieved Date |  |  |  |  |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 |               |  |  |  |  |
| COMPLETE INITIAL LSL INVENTORY     | 10/16/2024 |               |  |  |  |  |
| CROSS CONNECTION SURVEY REPORT     | 3/1/2025   |               |  |  |  |  |

1/1/25 - 12/31/25

|                                | W                     | ater System Facili   | ty and Sampling P          | oint Ir | ventor                    | у                               |          |                     |
|--------------------------------|-----------------------|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|---------------------|
| Water<br>System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point Description | Status  | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | Stage<br>WQP 2 DBPR |
| 00600                          | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM        | А       |                           |                                 |          |                     |
|                                |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α       |                           |                                 |          |                     |
|                                |                       | MTSDX001             | KITCHEN HANDWASH 1         | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | MTSDX002             | KITCHEN POTS/PANS          | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | MTSDX003             | KITCHEN HANDWASH 2         | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | MTSDX004             | KITCHEN PREP               | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | MTSDX005             | FIRST FLOOR WEST MEN       | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | MTSDX006             | FIRST FLOOR WEST LAD       | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | MTSDX007             | MAINT EAST                 | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | MTSDX008             | 2ND FLOOR EAST MEN         | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | MTSDX009             | 2ND FLOOR EAST LADIE       | Α       |                           | N                               | Υ        |                     |
|                                |                       | MTSDX010             | 2ND FLOOR EXEC MEN         | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | MTSDX011             | 2ND FLOOR EXEC LADIE       | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | MTSDX012             | KITCHEN BATH               | Α       | Υ                         | N                               | Υ        |                     |
|                                |                       | UPSTREAM             | WITHIN 5 SERVICE CON       | Α       |                           |                                 |          |                     |
| 00700                          | ENTRY POINT           | 3                    | ENTRY POINT                | Α       |                           |                                 |          |                     |
| 58710                          | WELL 2                | 2                    | WELL 2                     | Α       |                           |                                 |          |                     |
| 58712                          | WELL 3                | 2                    | WELL 3                     | Α       |                           |                                 |          |                     |
| 58718                          | TREATMENT PLANT       |                      |                            |         |                           |                                 |          |                     |

| 30/10 TREATIVIENT PLAINT           |                             |   |               |  |  |  |  |  |
|------------------------------------|-----------------------------|---|---------------|--|--|--|--|--|
| Certified Operator Information     |                             |   |               |  |  |  |  |  |
| Water System Facility: TREA        | TMENT PLANT (WSF ID: 58718) |   |               |  |  |  |  |  |
| Facility Classification: CLASS 1 T | REATMENT PLANT              |   | Certification |  |  |  |  |  |
| Operator Name                      | Operator Type               | Certification(s)                          | Expiration    |  |  |  |  |  |
| KILBOURN, ERIC M.                  | CHIEF OPERATOR              | DISTRIBUTION SYSTEM OPERATOR - CLASS I    | 12/31/2025    |  |  |  |  |  |
|                                    |                             | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2025    |  |  |  |  |  |

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

| PWS ID           | PWS Name                      |             |         | Cla   | ssification | Population  | Owner Type | Primary Source  |
|------------------|-------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT1000233        | MOUNTAINSIDE TREATMENT CENTER |             |         |       | NTNC        | 80          | Р          | GW              |
| Local Address (v | where applicable)             | Service     | Resider | itial | Commercia   | al Industri | al Combine | ed Agricultural |
| 181 SOUTH CAN    | IAAN ROAD                     | Connections |         |       |             |             | 1          |                 |

Towns Served: NORTH CANAAN

|  |           |              | Organization | 1                                     |  |  |   |  |  |
|--|-----------|--------------|--------------|---------------------------------------|--|--|---|--|--|
|  |           |              |              | ı                                     | Job Title  |  |   |  |  |
| Mr. John Steele                        |           |              |              | Mountainside                          |  |  | Director Operations   |  |  |
| Mailing Address Line One Mailing Addre |           |              |              |                                       | City   |  | State   | Zip Code   |  |
| P.O. Box 717 187 Route 7               |           |              | 7            |                                       | Canaan   |  | СТ  | 06018  |  |
| Extension                              | Fax       | N            | Nobile Phone | Emergency Phone                       | Email Ad   | dress  |   |  |  |
|  | 888-848-2 | 2850         |              | 860-558-8636                          | john.stee  | ele@mountainside.com   |   |  |  |
|  |           | xtension Fax | 187 Route 7  | 187 Route 7 xtension Fax Mobile Phone | 187 Route 7  xtension Fax Mobile Phone Emergency Phone | 187 Route 7 Canaan  ktension Fax Mobile Phone Emergency Phone Email Ad | 187 Route 7 Canaan  ktension Fax Mobile Phone Emergency Phone Email Address | 187 Route 7 Canaan CT  ktension Fax Mobile Phone Emergency Phone Email Address |  |

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

#### Please note the following:

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

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

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

End of schedule