	Connecticut Dor	autmont .	of Dublic I	Iaalth D	ninlrin)	Vatan	C	ation	
	Connecticut Dep					_			ection	
PWS ID	PWS Name	anty Mon	itoring an					_	ner Tyne	Primary Source
CT1130034	EGGS UP GRILL			Cit	NC	11 1 0	25	OW	Р	GW
	(where applicable)		Service	Residential		rcial	Industri	al	Combine	
	ND COBALT ROAD		Connections	residential	1	· ciai			Combine	a / /Billouitala
Towns Served:										
		Mon	itoring Requ	uirement	S					
Water Syster	m Facility: DISTRIBUTION	SYSTEM (WSI	F ID: 00600)							
Total Colifor	rm (3100)						1	. ro	utine (RT) per quarter
	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Pe		= '	liance Status
Select fro	m Inventory of Active Sampli	ng Points		10/1/23 - 12	/31/23				C	Complete
				1/1/24 - 3/3	31/24				C	Complete
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Physical Par	ameters (PPS)						1	. ro	utine (RT) per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Pe	riod	Comp	liance Status
Select fro	m Inventory of Active Sampli	ng Points		10/1/23 - 12/31/23					C	Complete
				1/1/24 - 3/3	31/24				C	Complete
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Water Syster	n Facility: ENTRY POINT	(WSF ID: 0070	0)							
	Nitrite (NOX)									(RT) per year
	Point (Sampling Point ID)			Monitoring		Colle	ction Pe	riod		liance Status
ENTRY PO	DINT (3)			1/1/23 - 12/						Complete
				1/1/24 - 12/						Complete
		•		1/1/25 - 12/	31/25					
-	m Facility: WELL (WSF ID	: 21963)								
E. Coli (3014						- "			= ') per quarter
	Point (Sampling Point ID)			Monitoring		Colle	ction Pe	riod		liance Status
WELL (2)				10/1/23 - 12	•					Complete
				1/1/24 - 3/3	•				C	Complete
				4/1/24 - 6/3						
				7/1/24 - 9/						
		Public No	otification R	Requirem						
			Compliance	Notice	•		<u>ication</u>			<u>rtification</u>
Violation/Situ		-	Period	Tier	Require		erforme	d I	Due to DPI	
E. Coli M&R Vi			/1/22 - 9/30/22	3	8/23/202				9/2/2024	
	Water	System Fac	ility and Sai	mpling Po	oint inv					
Water	itar Sustam Easilitu	Camplina Doi:	nt Camplina Bai	nt	_	Total			1	C.L.
System Wa Facility ID	ter System Facility	Sampling Poli ID	nt Sampling Poi Description	rit.		olifor Rule			Achecto	Stage s WQP 2 DBP
_	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Status A	Y	nuie	1161	A306310	S WQF Z DDF
טטטטט טוא	IMBOTION STSTEIN		M WITHIN 5 SEF		A	ī				
		POWINSINEA	IVI VVIIIIIIN J SEP	VICE CON	^					

ENTRY POINT

WELL

WITHIN 5 SERVICE CON

Α

Α

Α

UPSTREAM

3

2

00700 ENTRY POINT

WELL

21963

CT1130034	EGGS UP GRILL	NC	25	Р	GW				
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source								
Water Quality Monitoring and Compliance Schedule									
Connecticut Department of Public Health Drinking Water Section									

Residential Commercial

1

Industrial

Combined

Agricultural

Service

Connections

Towns Served: PORTLAND

Local Address (where applicable)

1462 PORTLAND COBALT ROAD

			C	ontact Inf	ormation					
Name				Organization	1		Job Title			
Ms. Kimberly Green	nlaw			Eggs Up Grill						
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
1462 Portland Coba	ılt Road					Portland		СТ	06480	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Add	Email Address			
860-342-4968						kimshomestyle@yahoo.com				

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

Please note the following:

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

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

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

End of schedule

			'D 11: **	7.7	D :	1.	Y 4 -					
	Connecticut De	•					_			n		
	Water Q	uality Monit	oring and	d Com	ıplia	nce	Sch	edule				
PWS ID	PWS Name				Classif	ication	Popu	lation O	wner Ty	pe Pi	rimary Sourc	
CT113007	4 COVE VIEW PLAZA				N	IC	2	25	Р		GW	
Local Add	ress (where applicable)		Service	Residen	tial Co	mmer	cial Ir	ndustrial	Comb	ined	Agricultura	
662 PORT	LAND COBALT ROAD		Connections			1						
Towns Ser	rved: PORTLAND				, ,		·					
		Monito	oring Requ	ireme	nts							
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)							1 r	outine (RT)	per quartei	
Sam	oling Point (Sampling Point ID)			Monitori	ng Peri	od	Collect	ion Perio	od Co	mpli	ance Status	
Selec	ct from Inventory of Active Sam	pling Points	-	LO/1/23 -	12/31/	/23				Со	mplete	
				1/1/24 -	3/31/2	24				Со	mplete	
				4/1/24 -	6/30/2	24						
				7/1/24 -	9/30/2	24						
Physical	Parameters (PPS)							1 r	outine (RT)	per quarter	
Sam	oling Point (Sampling Point ID)			Monitori	ng Peri	od	Collect	ion Perio	d Co	Compliance Status		
Selec	ct from Inventory of Active Sam	pling Points	10/1/23 - 12/31/23			/23				Со	mplete	
				1/1/24 -	3/31/2	24				Со	mplete	
				4/1/24 -	6/30/2	24						
				7/1/24 -	9/30/2	24						
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)								1 routii	ne (R	T) per year	
Sam	pling Point (Sampling Point ID)			Monitori	ng Period Collect		ion Perio	od Co	mpli	ance Status		
ENTR	RY POINT (3)			1/1/23 -	12/31/	23				Co	mplete	
				1/1/24 -	12/31/	24						
				1/1/25 -	12/31/	25						
		Other Co	ompliance	Sched	lules							
Complian	ce Schedule Activity				Due Da	te		Achieve	d Date			
RESPOND	TO SANITARY SURVEY			10	0/31/20	019						
	Wate	r System Facili	ity and Sar	npling	Poin	t Inv	ento	ry				
Water		•	-				Total	Lead ar	nd			
System	Water System Facility	Sampling Point	Sampling Poin	nt		Co	oliform	Сорре	r		Stage	
Facility ID)	ID	Description		Sto	itus	Rule	Rule Ti	er Asbe	stos	WQP 2 DBP	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	۱ ۱	A						
		UPSTREAM	WITHIN 5 SER	VICE CON	۱ ۱	A						
00700	ENTRY POINT	3	ENTRY POINT		,	A						
21967	WELL	2	WELL		,	A						
		Con	tact Inforr	nation	١							
Name		Or	rganization						Job T	itle		
Mr. Edwa	rd Manner		rigony Winery				Ма	nager				
Mailing Ad	ddress Line One	Mailing Address	s Line Two				C	ity	Sta	te	Zip Code	
										_		

Mobile Phone

Portland

ArrigoniWinery@aol.com

Emergency Phone Email Address

860-221-5171

 CT

06480

1297 Portland Cobalt Road

Extension

Contact Role(s): Administrative Contact

Fax

860-342-0231

Business Phone

860-221-5171

	Connectici	it Depa	rtment	of Public	c Health	Drii	nking	Water S	section	
	Wat	er Qua	lity Mon	itoring a	and Con	nplia	nce So	chedule		
PWS ID	PWS Name					Classif	ication P	opulation C	wner Type I	Primary Source
CT1130074	COVE VIEW PLAZ	Α				N	IC	25	Р	GW
ocal Address (w	here applicable)			Service	Resider	ntial Co	mmercial	Industrial	Combined	d Agricultural
662 PORTLAND C	OBALT ROAD			Connections			1			
Towns Served: Po	ORTLAND					·				
Name Organ				Organization	1				Job Title	
Mr. Richard G. M	lanner							Owner		
Mailing Address Line One Mailing Addre				ess Line Two	ess Line Two			City	State	Zip Code
1502 Miramar St	reet						Cape Coral FL			
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email Ad			
Contact Role(s):	Legal Contact, O	wner								
Name				Organization					Job Title	
662 Pcmi LLC										
Mailing Address Line One Mailing Address				ess Line Two				City	State	Zip Code
209 Sand Hill Roa	nd						Portland		СТ	06480
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email Ad	dress		
	,		,							

Contact Role(s): 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

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
CT1130084	ST. CLEMENTS ESTATE- CASTLE SYSTEM				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1931 PORTLAN	D COBALT ROAD	Connections			2			

Towns Served: PORTLAND

TOWNS SELVED. TOWNER			
Monitor	ing 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		
	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		
	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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION SURVEY REPORT	3/1/2025		

	Water	System Facili	ity and Sampling P	oint li	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	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					
21968	WELL #1	2	WELL #1	Α					
60960	WELL #2	2	WELL #2	Α					
60962	ATMOSPHERIC STORAGE TANK								
60963	ATMOSPHERIC STORAGE TANK								
60964	TREATMENT PLANT								

	Co	ontact Information	l			
Name		Organization		Job Title		
Mr. William E. Jordan		St Clements Estate	Dir of Main	tenance		
Mailing Address Line One	Mailing Addr	ess Line Two		City	State	Zip Code
1931 Portland Colbalt Road P.O. Box 427			Portland		СТ	06480

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 c	of Public	Health	Drir	nking	Water	Se	ection	
	Wat	ter Quality N	Moni	itoring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classif	ication	Population	Ow	rimary Source	
CT1130084	ST. CLEMENTS ES	STATE- CASTLE SYST	EM			N	С	25		Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	ial Commercial Industrial			Combined	Agricultural
1931 PORTLAND COBALT ROAD Connections							2				
Towns Served: P	ORTLAND				'						'
Business Phone	e Extension	Fax	Mobile Phone Emergency Phone Email Address								
860-342-0593	254	860-342-5627			860-335-	-8313	wjorda	n@saintcler	nent	tscastle.co	m
Contact Role(s):	Administrative	Contact									
Name				Organization	Job Title						
Mr. Daniel J Loo	s			St. Clements	Estate			President			
Mailing Address	Line One	Mailing	g Addre	ess Line Two	wo			City		State	Zip Code
1931 Portland-Cobalt Rd PO Box 427					Portland CT			СТ	06480		
Business Phon	e Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	Address			
860-342-0593	219	860-342-4337			860-990-	-0450	dloos@	saintcleme	ntsca	astle.com	
Contact Role(s):	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
CT1130094	WINCHESTER CAFE				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1374 PORTLAND	COBALT ROAD	Connections	1		1			

Towns Served: PORTLAND			·
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	0: 00600)		
Total Coliform (3100)	•	1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Water System Facility: WELL (WSF ID: 21969)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	- 1 - 1 1 1 1		

2/1/24 - 2/29/24

Complete

	Water Quality	Monitoring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1130094	WINCHESTER CAFE				NC	25	Р	GW
Local Address (where applicable) Service Reside					Commercia	al Industri	al Combine	ed Agricultural
1374 PΩRTI ΔΝ	ID COBALT ROAD	1		1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: PORTLAND

Monitoring Requirements									
Water System Facility: WELL (WSF ID: 21969)									
E. Coli (3014)		1 routine (RT) per month							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
	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								
E. Coli (3014)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
WELL (2)	10/1/23 - 11/30/23	10/1-11/30	Complete						
Water System Facility	and Sampling Point In	ventory							

	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							
21969	WELL	2	WELL	Α							
59690	ΤΡΕΔΤΙΜΕΝΙΤ ΟΙ ΔΝΙΤ										

59690 TREATIVI	ENI PLANI								
			Co	ntact Inf	ormation				
Name				Organization	l			Job Title	
Ms. Donna J. Grabe	ek			Winchester (Cafe		Trustee		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
1374 Portland-Coba	alt Road Route 6	66				Portland		СТ	06480
Business Phone	Extension	Fax	Мс	bile Phone	Emergency Phone	Email Ad	dress		
860-342-0224			860	0-343-3542		winchest	er.cafe@sne	t.net	
					*				

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

	Connecticut De	epartment o	f Public F	lealth	Drinki	ng W	ater S	ection	
		uality Moni				_			
PWS ID	PWS Name	juditioy 1 10111	0011118 0111	0. 0011				vner Type P	rimary Source
CT1130104	YMCA CAMP INGERSOL	L			NC		553	P	GW
Local Addres	ss (where applicable)		Service	Residen	tial Comm	ercial II	ndustrial	Combined	Agricultural
ROUTE 66	· · · · · · · · · · · · · · · · · · ·		Connections		1				
	ed: PORTLAND								
		Monit	oring Requ	uireme	nts				
Water Syst	em Facility: DISTRIBUTIO								
Total Colif	orm (3100)						1 rc	utine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)			Monitori	ng Period	Collect	tion Perio	d Compl	iance Status
Select f	from Inventory of Active Sam	pling Points		10/1/23 -	12/31/23				
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Physical Pa	arameters (PPS)						1 rc	utine (RT)	per quarter
-	ng Point (Sampling Point ID)			Monitori	ng Period	Collect	tion Perio	= =	iance Status
Select f	from Inventory of Active Sam	pling Points		10/1/23 -	12/31/23	10/	/1-12/1		
	•				6/30/24		<u> </u>		
					9/30/24				
Water Syst	em Facility: ENTRY POIN	T-TOP PART OF TH	HE CAMP (WS						
-	d Nitrite (NOX)		•		•			L routine (I	RT) per year
	ng Point (Sampling Point ID)			Monitori	ng Period	Collect	ion Perio	=	iance Status
-	POINT-TOP PART OF THE CAN	MP (3)			12/31/23	4/1	5-12/1		mplete
		(-)			12/31/24	-	5-12/1		<u> </u>
					12/31/25		5-12/1		
Water Syst	em Facility: ENTRY POIN	T-I OWER PART OF	ETHE CAMP (., -	.5 12, 1		
-	d Nitrite (NOX)	1-LOWERT ART OF	THE CAIVII	(0031 10.	00701)			l routine (l	RT) per year
	ng Point (Sampling Point ID)			Monitori	ng Period	Collect	ion Perio	-	iance Status
_	POINT-LOWER PART OF THE	CAMP (2)			12/31/23		15-12/1		mplete
LINIINI	FOINT-LOWER FART OF THE	CAIVIF (3)			12/31/24		15-12/1	CC	mpiete
					12/31/25	4/ 1	15-12/1		
		Other C	Compliance						
Compliance	Schedule Activity			ı	Due Date		Achieve	d Date	
SEASONAL S	TART UP COMPLETION			4	/15/2024				
CROSS CON	NECTION EXEMPTION				3/1/2026				
	Wate	er System Facil	lity and Sar	mpling	Point In	vento	ry		
Water						Total	Lead an		
	Vater System Facility	Sampling Point		nt		Coliform			Stage
Facility ID	NCTRIBUTION OVERTOR	ID	Description	TA 15.	Status	Rule	Kule Tie	r Aspestos	WQP 2 DBPR
00600 D	DISTRIBUTION SYSTEM	01	COURT FOUN	TAIN	Α	Y			
		02	OFFICE SINK		Α	Y			
		03	WW FOUNTA		Α	Y			
		04	WALL FOUNT		Α	Y			
		05	BH FOUNTAIN		Α	Υ			
		06	UP GAGA FOL		Α	Υ			
		07	OLD KK FOUN		Α	Υ			
		08	GROVE FOUN	ITAIN	Α	Υ			

DISTRIBUTION SYSTEM

Α

Υ

4

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					Classification Population		Owner Type	Primary Source			
CT1130104	YMCA CAMP INGERSOLL			1	NC	653	Р	GW			
Local Address (v	vhere applicable)	Service	Residen	itial Co	Commercia	al Industri	al Combine	ed Agricultural			
ROUTE 66		Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: PORTLAND

	Water System Facility and Sampling Point Inventory											
Water	Makey System Fasility	Campling Doint	Campling Doint		Total	Lead and			Charac			
System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	. .	Coliform Rule	Copper Rule Tier	Ashestos	WOP	Stage 2 DRPR			
r demity 12	<u> </u>		5 SERVICE CONNECTION	<u>Status</u> A	Y	naic rier	ASSESTEDS	vv Qi	Z DDI K			
		UPSTREAM	5 SERVICE CONNECTION	Α	Υ							
00700	ENTRY POINT-TOP PART OF THE CAMP	3	ENTRY POINT-TOP PART	Α								
00701	ENTRY POINT-LOWER PART OF THE CAMP	3	ENTRY POINT-LOWER PA	Α								
52901	WELL 2B	2	WELL 2B	Α								
61169	HYDROPNEUMATIC-HOLDING TANK											

				Contact Inf	ormation					
Name				Organization				Job Title		
Ms. Michele Rulnicl	K			YMCA Camp	YMCA Camp Ingersoll					
Mailing Address Line	Mailing Address Line One Mailing Addr						City	State	Zip Code	
99 Union Street						Middleto	own	СТ	06457	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	Email Address			
860-347-6907		860-343-	6254		860-347-6907	mrulnick	mrulnick@midymca.org			
Contact Role(s): Le	gal Contact, O	wner								
Name				Organization				Job Title		
Mr. Benjamin J. Silli	iman			Northern Mi	ddlesex YMCA		YMCA Cam	p Ing. Dir		
Mailing Address Line	e One		Mailing A	Address Line Two			City	State	Zip Code	
99 Union St						Middleto	own	СТ	06457	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
860-342-2267					860-347-6907	hsilliman	@midymca	nrø		

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 Do	epartment of	Public Healt	h Drink	ing Wa	ater Se	ction
	Water Q	Quality Monit	oring and Co	mpliand	ce Sche	edule	
PWS ID	PWS Name	-		Classificat	ion Popu	lation Owr	ner Type Primary Source
CT1130114	860 PORTLAND COBALT	ROAD		NC	2	!5	P GW
Local Address	s (where applicable)		Service Reside	ential Comn	nercial Ir	dustrial	Combined Agricultural
860 PORTLAN	ND COBALT ROAD		Connections		1		
Towns Served	d: PORTLAND			·	·	·	
		Monito	oring Requirem	ents			
Water Syste	em Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)				
Total Colifo	orm (3100)					1 rou	tine (RT) per quarter
Samplin	g Point (Sampling Point ID)		Monito	oring Period	Collect	ion Period	Compliance Status
Select fr	om Inventory of Active Sam	pling Points	10/1/23	3 - 12/31/23			Complete
			1/1/2	4 - 3/31/24			Complete
			4/1/2	4 - 6/30/24			
			7/1/2	4 - 9/30/24			
Physical Pa	rameters (PPS)					1 rou	tine (RT) per quarter
Samplin	g Point (Sampling Point ID)		Monito	oring Period	Collect	ion Period	Compliance Status
Select fr	om Inventory of Active Sam	pling Points	10/1/23	3 - 12/31/23			Complete
			1/1/24	4 - 3/31/24			Complete
			4/1/2	4 - 6/30/24			
			7/1/2	4 - 9/30/24			
Water Syste	em Facility: ENTRY POIN	T (WSF ID: 00700)					
Nitrate And	d Nitrite (NOX)					1	routine (RT) per year
	g Point (Sampling Point ID)		Monito	oring Period	Collect	ion Period	Compliance Status
ENTRY P	POINT (3)		1/1/23	- 12/31/23			Complete
			1/1/24	- 12/31/24			Complete
			1/1/25	- 12/31/25			
		Other C	ompliance Sche	dules			
Compliance S	Schedule Activity		-	Due Date		Achieved	Date
RESPOND TO	SANITARY SURVEY			6/18/2009			
	Wate	er System Facili	ity and Samplin	g Point I	nvento	ry	
Water					Total	Lead and	
	ater System Facility		Sampling Point		Coliform		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION SYSTE		Υ		
			WITHIN 5 SERVICE CO	A NC			
		UPSTREAM	WITHIN 5 SERVICE CO	A NC			
00700 EN	NTRY POINT	3	ENTRY POINT	Α			
21971 W	ELL #1	2	WELL #1	Α			
47902 W	ELL #2	2	WELL #2	Α			
		Con	tact Information	n			
Name		Oi	rganization				Job Title
Mr. Victor Re	ealeio	Re	ealejo Properties LLC		Me	mber	

Mr. Victor Realejo Realejo Properties LLC Member Mailing Address Line One Mailing Address Line Two City State Zip Code 17 Arvid Road 06480 Portland CT **Business Phone** Emergency Phone Email Address Extension Fax **Mobile Phone** 860-342-4436

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

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

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Comp	pliance S	Schedul	e							
PWS Name C	Classification	Population	Owner Type	Primar						

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1130114	860 PORTLAND COBALT ROAD			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
860 PORTLAND	COBALT ROAD	Connections		1			

Towns Served: PORTLAND

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 H	lealth D	rin	king	Wa	ter S	ection	1	
	Water	Quality Monit	oring an	d Comp	liar	nce S	che	dule			
PWS ID	PWS Name			Cla	ssific	cation P	opula	tion O	wner Type	e Pr	imary Source
CT113014	4 PORTLAND CITGO				NC	2	25		Р		GW
Local Add	ress (where applicable)		Service	Residential	Con	nmercial	Ind	lustrial	Combin	ned	Agricultural
1633 POR	TLAND COBALT ROAD		Connections			1					
Towns Ser	rved: PORTLAND			1							
		Monito	oring Requ	irements	S						
Water Sy	stem Facility: DISTRIBU	TION SYSTEM (WSF II	D: 00600)								
Total Co	liform (3100)							1 rc	outine (R	T) p	er quarter
Samj	oling Point (Sampling Point	ID)		Monitoring I	Perio	d Co	llectio	n Perio	d Con	nplic	ance Status
Selec	ct from Inventory of Active S	Sampling Points		10/1/23 - 12/	/31/2	23				Cor	mplete
				1/1/24 - 3/3	31/24	1				Cor	mplete
				4/1/24 - 6/3	30/24	1					
				7/1/24 - 9/3	30/24	1					
Physical	Parameters (PPS)							1 rc	outine (R	T) p	er quarter
Samj	oling Point (Sampling Point	ID)		Monitoring I	Perio	d Co	llectio	n Perio	d Con	nplic	ance Status
Selec	ct from Inventory of Active S	Sampling Points		10/1/23 - 12/	/31/2	23				Cor	mplete
				1/1/24 - 3/3	31/24	1				Cor	mplete
				4/1/24 - 6/3	30/24	1					
				7/1/24 - 9/3	30/24	1					
Water Sy	stem Facility: ENTRY PC	DINT (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)								1 routine	e (R	T) per year
Samj	oling Point (Sampling Point	ID)		Monitoring I	Perio	d Co	llectio	n Perio	d Con	nplic	ance Status
ENTF	RY POINT (3)			1/1/23 - 12/	31/2	3				Cor	mplete
				1/1/24 - 12/	31/2	4					
				1/1/25 - 12/	31/2	5					
	Wa	ater System Facili	ty and Sar	mpling Po	oint	Inven	tory	/			
Water						Tot	al I	Lead an	d		
System	Water System Facility	Sampling Point		nt		Colife	orm	Coppe	•		Stage
Facility ID)	ID	Description		Stat	tus Ru	le	Rule Tie	er Asbest	tos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	. Y	,				
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α						
		UPSTREAM	WITHIN 5 SER	RVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT		Α						
21972	WELL	2	WELL		Α						
		Con	tact Inform	mation							
Name		Oı	ganization						Job Tit	:le	
Mr. John	L. Baker		d Ltd.				Presi	dent			
Mailing A	ddress Line One	Mailing Address	Line Two				City	/	State	2	Zip Code
P.O. Box 5						Naugatu			СТ		06770

Emergency Phone Email Address

HARBOR.PETRO@SBCGLOBAL.NET

203-723-0917

Mobile Phone

Business Phone

203-723-0917

Extension

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

Fax

203-723-0910

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

	110101	Quicinity i rolling	77 1118 6111	0. 0011	rpmamee.	901100101		
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source		
CT1130144	PORTLAND CITGO		NC	25	Р	GW		
Local Address (w		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural	
1633 PORTLAND COBALT ROAD			Connections		1			
Towns Served: P	PORTLAND							

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
CT1130174	AXELROD TIRE AND SERVICE CENTER				NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
1619 PORTLAND	Connections			1				

Towns Served: PORTLAND

Compliance Schedule Activity

CROSS CONNECTION SURVEY REPORT

Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Other Cor	npliance Schedules		

Water System	Facility and Sampling Point Inven	tory
vvatel Systell	i racility aliu Sallibillig Pullit ilivell	LUIV

Due Date

3/1/2029

Achieved Date

Water			Total Lead and
System	Water System Facility	Sampling Point Sampling Point	Coliform Copper

System Water System Facility Sampling Point Sampling Point Coliform Copper Stage

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

	Co	onnectic	•						Ŭ			ection	
		Wat	ter Qua	lity M	onit	oring a	ind Con	nplia	nce S	chedu	ıle		
PWS ID	PW	/S Name						Classif	ication P	opulatio	n Ow	ner Type	Primary Source
CT113017	4 AX	ELROD TIRE A	ND SERVICE	CENTER				N	С	25		Р	GW
Local Addı	ress (whe	re applicable)				Service	Residen	tial Co	mmercia	Indust	rial	Combine	d Agricultural
1619 POR	TLAND CC	BALT ROAD				Connectio	ns		1				
Towns Ser	rved: POR	TLAND											
Facility ID)			ID		Descriptio	n	Sta	tus Ru	le Rul	e Tier	Asbesto	S WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM		4		DISTRIBUT	ION SYSTEM	1 /	A Y	,			
				ATC	1	AT BREAK	RM SINK	A	A Y	,			
				ATC	2	AT MR SIN	K	A	A Y	,			
				ATC	3	AT WR SIN	IK	A	Y P	,			
				ATC	4	CLINE RR S	SINK	A	Y P	,			
				ATC	5	REAR GAR	AGE SINK	A	Y P	,			
				DOWNST	REAM	WITHIN 5	SERVICE CO	N A	A				
				UPSTRE	EAM	WITHIN 5	SERVICE CO	N A	A				
00700	ENTRY P	OINT		3		ENTRY POI	INT	ŀ	A				
21975	WELL			2		WELL		A	A				
61185	POLYATI	AOSPHERIC TA	NK										
					Con	tact Info	ormation	1					
Name					Or	ganization						Job Title	
Portland F	Property I	LC.											
Mailing Ad	ddress Lin	e One		Mailing A	Address	Line Two				City		State	Zip Code
30 R Barth	nolomew /	Ave.							Hartford	l		СТ	06106
Business	s Phone	Extension	Fax		Mobil	le Phone	Emergency	Phone Email Address					
					860-9	19-3333			Mike@v	vntus.con	n		
Contact Ro	ole(s): O	wner											
Name					Or	ganization						Job Title	
Mr. Mike	C. Hamlin				Po	rtland Prop	erty, LLC			Owner			
Mailing Ad	ddress Lin	e One		Mailing A	Address	Line Two				City		State	Zip Code
30R Barth	olomew A	ve							Hartford	l		СТ	06106
Business	s Phone	Extension	Fax		Mobil	le Phone	Emergency	/ Phone	Email Ad	ddress			
860-20	6-6284	6	860-206-	6251			860-919-	3333	mhamlir	n@wntus	.com		
Contact Ro	ole(s): O	wner											
Name					Or	ganization						Job Title	
Mrs. Deni	se E. Vojn	ich			Po	rtland Prop	erty, LLC			Cfo			
Mailing Ad	ddress Lin	e One		Mailing A	Address	Line Two				City		State	Zip Code
30R Barth	olomew A	ve							Hartford	l		СТ	06106
Business	s Phone	Extension	Fax		Mobil	le Phone	Emergency	Phone	Email Ac	ddress			

Contact Role(s): Administrative Contact

860-206-6284

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.

860-206-6251

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.

860-869-8168

denise@wntus.com

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 Dej	partmer	nt of	Public H	ealth D	rinkin	g Wa	ater :	Sect	ion	
	Water Qu	iality M	onito	oring and	d Comp	liance	Sche	edule	9		
PWS ID	PWS Name			<u> </u>			_			Type P	rimary Source
CT1130184	GULF EXPRESS					NC	-	8	P		GW
Local Address (v	vhere applicable)			Service	Residential	Commerc	cial In	dustria	l Co	mbined	Agricultura
1096 PORTLAND				Connections		1					
Towns Served: P											
		М	onito	ring Requ	irements	;					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF ID): 00600)							
Total Coliform	n (3100)							1	routii	ne (RT)	per quarter
	Point (Sampling Point ID)				Monitoring I	Period (Collecti	ion Peri			ance Status
Select from	Inventory of Active Sampl	ing Points			10/1/23 - 12/					Cc	mplete
	, ,				1/1/24 - 3/3						mplete
					4/1/24 - 6/3	-					
					7/1/24 - 9/3	-					
Physical Parar	meters (PPS)				., _, _, _,	-7		1	routii	ne (RT)	per quarter
•	Point (Sampling Point ID)				Monitoring I	Period (Collecti	on Peri			ance Status
	Inventory of Active Sampl	ing Points			10/1/23 - 12/						mplete
					1/1/24 - 3/3						mplete
					4/1/24 - 6/3						piece
					7/1/24 - 9/3						
Water System	Facility: ENTRY POINT	(WSF ID: 0	0700)		7,1,2: 3,5	.0, 2 1					
Nitrate And N	•	(1101 1510	0,00,						1 ro	utine (F	RT) per year
	Point (Sampling Point ID)				Monitoring I	Period (Collecti	ion Peri		-	ance Status
ENTRY POI						0111 011	-		mplete		
LIVIIII	VI (3)				1/1/23 - 12/ 1/1/24 - 12/						mplete
					1/1/25 - 12/						Impiete
		Oth	or Co	mpliance							
Compliance Sch	adula Astivitu	Otil	iei CC	пірпапсе				Ashiou	ad Da	40	
Compliance Sch						Date		Achiev	ea Da	te	
RESPOND TO SA	NITARY SURVEY			• • -		/2008					
		Public		fication R	equirem						
				mpliance	Notice	<u>Public N</u>	-				<u>tification</u>
Violation/Situat	tion			Period	Tier	Required		formed		to DPH	Received
E. Coli				0 - 12/18/20	3	1/12/2022			1/2	2/2022	
	Water	System I	Facilit	ty and San	npling Po	int Inve	entor	У			
Water							otal	Lead a			
*	er System Facility			Sampling Poil	nt		liform	Coppe			Stage
Facility ID		ID		Description		Status	Rule	Kule I	ier A	spestos	WQP 2 DBP
00600 DISTF	RIBUTION SYSTEM	4		DISTRIBUTION		Α	Υ				
				WITHIN 5 SER		Α					
		UPSTRE		WITHIN 5 SER	VICE CON	Α					
00700 ENTR	Y POINT	3		ENTRY POINT		Α					
	ш1	2		WELL		Α					
22933 WELL	. #1										
22933 WELL	.#1	2		act Inforr	nation						

City

Jericho

State

Zip Code

11753

Mailing Address Line Two

Suite 110

Mr. Christopher Constant Mailing Address Line One

2 Jericho Plaza

	Co	nnectic	ut Depa	rtme	nt of	Public	Health	Drir	nking	Water	Se	ction		
		Wat	ter Qual	lity M	Ionit	oring a	nd Con	nplia	nce S	Schedul	e			
PWS ID	PWS	Name					Classif	cation	Population	Owr	ner Type	Primary Source		
CT1130184	GUL	F EXPRESS				N	С	28		Р	GW			
Local Address (w	here	applicable)		Resider	ntial Co	mmerci	al Industri	al	Combine	ed Agricultural				
1096 PORTLAND	-COE	BALT ROAD				Connection	ns		1					
Towns Served: P	ORTI	LAND											1	
Business Phone	е	Extension	Fax		Mobi	ile Phone Emergency Phone Email Address								
516-478-5467	,													
Contact Role(s):	Leg	al Contact												
Name					Or	ganization			Job Title					
Brad Fisher					Ge	etty Realty C	orp			Dir of Env	ironr	mental		
Mailing Address	Line	One		Mailing	Address	s Line Two				City		State	Zip Code	
292 Madison Ave	е			9Th Floo	or				New Yo	ork		NY	10017	
Business Phone	е	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	Email Address					
646-349-0573	3						203-241	-1675	bfisher	@gettyrealt	y.cor	m		
Contact Role(s):	Adr	ministrative	Contact, Ow	ner		'								

- 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

	Ca	nnactic	ut Dono	ntmo	nt of	Dublic	Hoolth F) min	lzina	T	1+0×	, Ca	ation		
	CC		•				Health D						CHOII		
		Wa	ter Qua	lity M	lonit	oring a	nd Comp	liai	nce So	che	edu	le			
PWS ID		'S Name					Cl	assific	cation P	opu	lation	Ow	ner Type	Primar	y Source
CT113020	4 AR	RIGONI WINE	RY, LLC					NO	С	2	.5		Р	G	W
		e applicable)				Service	Residentia	I Cor	mmercial	In	dustri	ial	Combine	d Agr	icultural
1297 POR	TLAND-CO	BALT ROAD				Connection	1S						2		
Towns Ser	ved: POR	TLAND													
				N	lonit	oring Red	quirement	:S							
Water Sy	stem Fac	ility: DISTR	RIBUTION S	YSTEM	(WSF I	D: 00600)									
Total Co	liform (3	100)									1	1 rou	itine (RT)	per q	uarter
Samp	oling Point	t (Sampling P	oint ID)				Monitoring	Perio	od Col	lecti	ion Pe	riod	Comp	liance	Status
Selec	t from Inv	entory of Act	ive Sampling	Points			10/1/23 - 12	2/31/2	23				C	omple	te
							1/1/24 - 3/	31/24	4				C	omple	te
							4/1/24 - 6/	30/24	4						
							7/1/24 - 9/	'30/2 ⁴	4						
Physical	Paramet	ers (PPS)									1	1 rou	itine (RT)	per q	uarter
Samp	oling Point	t (Sampling P	oint ID)				Monitoring	Perio	od Col	lecti	ion Pe	riod	Comp	liance	Status
Selec	t from Inv	entory of Act	ive Sampling	Points			10/1/23 - 12	2/31/2	23				C	omple	te
							1/1/24 - 3/	31/24	4				C	omple	te
							4/1/24 - 6/	30/24	4						
							7/1/24 - 9/	30/24	4						
Water Sy	stem Fac	ility: ENTR	Y POINT (V	VSF ID: (00700)										
Nitrate A	And Nitri	te (NOX)										1	routine (RT) pe	er year
Samp	oling Point	t (Sampling P	oint ID)				Monitoring	Perio	od Col	lecti	ion Pe	riod	Comp	liance	Status
ENTR	RY POINT (3)					1/1/23 - 12	/31/2	23				C	omple	te
							1/1/24 - 12	/31/2	.4						
							1/1/25 - 12	/31/2	!5						
			Water S	ystem	Facili	ity and Sa	ampling P	oint	Inven	tor	у				
Water									Tot	al	Lead	and			
System	-	stem Facility	,			Sampling P			Colife	orm	Сор	-			Stage
Facility ID				IE		Description		Stat			Rule	Tier	Asbesto	WQP	2 DBPR
00600	DISTRIBU	TION SYSTEM	1	4		DISTRIBUTION		Α							
							CONNECTION	Α							
				UPSTR			CONNECTION	Α							
00700	ENTRY PO	DINT		3		ENTRY POIN	NT	Α	1						
61084	WELL 1			2		WELL		Α	١						
61088	WELL 2			2		WELL 2		Α	١						
					Con	tact Info	rmation								
Name					O	rganization							Job Title		
Mr. Edwa	rd Manne	r			Ar	rigony Wine	ry			Mai	nager				
Mailing Ad	ddress Line	e One		Mailing	Addres	s Line Two				Ci	ty		State	Zip	Code
1297 Port		lt Road							Portland				СТ	06	480
Business	s Phone	Extension	Fax		Mobi	le Phone	Emergency Pl	none	Email Ac	ldres	SS				

860-221-5171

ArrigoniWinery@aol.com

860-342-0231

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

860-221-5171

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIAIC AL	Cl :t: 1:	D 1.00	o =	_

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1130204	ARRIGONI WINERY, LLC			NC	25	Р	GW
Local Address (v	here applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
1297 PORTLAND	-COBALT ROAD	Connections				2	
	COTIAND						

Towns Served: PORTLAND

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

	Connectic	ut Dena	rtment of	Public	Health	Dri	nking	g Wa	ater S	ection	_
		•	ity Monit				•	_		0001011	
PWS ID	PWS Name	ter Quar	itty Monit	or mg a		1		_		wner Type	Primary Source
CT1130214	MJS REALTY VEN	ITURES, LLC					NC	-	4	P	GW
	here applicable)	1101123, 220		Service	Resident		Commerc		dustrial	Combine	
34 GOSPEL LANE				Connection			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dastriar	Combine	7.81.04.04.4
Towns Served: P											
			Monite	oring Re	quireme	nts					
Water System	Facility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
Total Coliform	(3100)								1 rc	outine (RT) per quarter
	oint (Sampling P	oint ID)			Monitorii	ng Per	riod (Collecti	ion Perio	· -	oliance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/23 -	12/31	1/23			(Complete
					1/1/24 -	3/31/	/24			(Complete
					4/1/24 -						
					7/1/24 -	9/30/	′ 24				
Physical Parar	neters (PPS)								1 rc	outine (RT) per quarter
Sampling P	oint (Sampling P	oint ID)			Monitorii	ng Per	riod (Collecti	ion Perio	-	oliance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/23 -	12/31	1/23			(Complete
					1/1/24 -	3/31/	/24			(Complete
					4/1/24 -	6/30/	/24				
					7/1/24 -	9/30/	/24				
Water System	Facility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And N	itrite (NOX)									1 routine	(RT) per year
	oint (Sampling P	oint ID)			Monitorii	ng Per	riod (Collecti	ion Perio		oliance Status
ENTRY POIN	NT (3)	<u> </u>			1/1/23 - 1	12/31,	/23			(Complete
					1/1/24 - 1	12/31,	/24				·
					1/1/25 - 1	12/31,	/25				_
		Water Sy	stem Facili	ity and S	ampling	Poir	nt Inve	entor	Ύ		
Water				•				otal	Lead an	d	
System Wate	er System Facility		Sampling Point	Sampling F	Point		Co	liform	Coppe	r	Stage
Facility ID			ID	Description	า	St	tatus	Rule	Rule Tie	er Asbesto	s WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	1	4	GENERAL D	DISTRIBUTIO	N	Α	Υ			
			DOWNSTREAM	WITHIN 5 S	SERVICE CON		Α	Υ			
			UPSTREAM	WITHIN 5 S	SERVICE CON		Α	Υ			
00700 ENTR	Y POINT		3	ENTRY POI	NT		Α				
62835 WELL	-		2	WELL			Α				
			Con	tact Info	rmation						
Name			0	rganization						Job Title	<u> </u>
Mr. Steven Farr	elly		М	js Realty Ve	ntures, LLC						
Mailing Address	Line One		Mailing Addres	s Line Two				Ci	ty	State	Zip Code
34 Gospel Lane							Portla	nd		СТ	06480
Business Phon	e Extension	Fax	Mobi	le Phone	Emergency	Phone	e Email	Addres	SS		
860-989-8081	L						steve(@drvni	nc.com		
											

Contact Role(s): Administrative Contact, Legal Contact

	Connectici	ut Depa	irtment	of Pi	ublic l	Health	Dri	nkıng	, Water	56	ection		
	Wat	er Qua	lity Mon	itor	ing ar	nd Con	ıplia	ance S	Schedul	e			
PWS ID	PWS Name						Class	fication	Population	Ow	ner Type	Prin	mary Source
T1130214	MJS REALTY VEN	TURES, LLC						NC	84		Р		GW
ocal Address (w	here applicable)			Se	rvice	Residen	tial C	ommerci	al Industri	al	Combine	ed .	Agricultural
34 GOSPEL LANE				Co	nnections	S		1					
Towns Served: P	ORTLAND			·									
Name				Organ	nization						Job Title	5	
Mjs Realty Venti	ıres, LLC												
Mailing Address	Line One		Mailing Addr	ess Lin	ne Two				City		State	Z	Zip Code
34 Gospel Lane								Portlan	ıd		СТ		06480
Business Phone	e Extension	Fax	Mo	obile P	hone I	Emergency	Phon	e Email A	Address				
860-989-8081													
Contact Role(s):	Owner												

Diagramata the following

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

	dominoconous p open unions or	1 01011011	0011011			,	00001011	
	Water Quality Monite	oring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1130224	DOLLAR GENERAL - PORTLAND				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			1			
Towns Served:	PORTLAND							

Connecticut Department of Public Health Drinking Water Section

Requirements						
00)						
	1 rout	1 routine (RT) per quarte				
Monitoring Period	Collection Period	Compliance Status				
4/1/24 - 6/30/24						
7/1/24 - 9/30/24						
1 routine (RT) per quarte						
Monitoring Period	Collection Period	Compliance Status				
4/1/24 - 6/30/24						
7/1/24 - 9/30/24						
	1 rc	outine (RT) per year				
Monitoring Period	Collection Period	Compliance Status				
1/1/24 - 12/31/24						
1/1/25 - 12/31/25						
	Monitoring Period 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Period 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Period 1/1/24 - 12/31/24 1/1/25 - 12/31/25	1 routi Monitoring Period Collection Period 4/1/24 - 6/30/24 7/1/24 - 9/30/24 1 routi Monitoring Period Collection Period 4/1/24 - 6/30/24 7/1/24 - 9/30/24 1 ro Collection Period 1 ro Collection Period 1/1/24 - 12/31/24				

	V	ater System Facili	ity and Sampling P	oint ir	iventoi	r y			
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	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
62945	WELL # 1	2	WELL # 1	Α					
62951	DG PORTI AND WTP								

			Co	ontact Inf	ormation					
Name				Organization Job Title						
Mr. Gary Eucalitto										
Mailing Address Line One Mailing Addr			ess Line Two			City	State	Zip Code		
PO Box 748						Torringto	n	СТ	06790	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address				
860-307-5479						eucalittogary@gmail.com				

Contact Role(s): Administrative 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