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. Schedule Generation Date: 4/3/2024

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
CT1160034	MARIKA'S PLACE				NC	29	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
156 PROVIDEN	CE TURNPIKE	Connections			1			
Towns Served:	PUTNAM							

Please note the following:

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

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 Dep	oartment of	Public H	lealth D	rink	ing W	/ater S	ection	
	Water Qu	ality Monit	oring an						
PWS ID	PWS Name			Cla		ion Pop		wner Type P	rimary Source
CT1160064	STONEWALL COMMONS C	DF PUTNAM			NC		25	Р	GW
	(where applicable)		Service	Residential	Comn	nercial	Industrial	Combined	Agricultura
7 PROVIDENCE			Connections			1			
Towns Served:	PUTNAM								
		Monite	oring Requ	uirement	S				
Water Systen	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colifor	m (3100)						1 r	outine (RT) per month
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Perio	d Compl	iance Status
Select fro	m Inventory of Active Sampli	ng Points		11/1/23 - 11	/30/23			Co	omplete
				12/1/23 - 12	/31/23			Co	omplete
				1/1/24 - 1/	31/24			Co	omplete
				2/1/24 - 2/2	29/24			Co	omplete
				3/1/24 - 3/3	31/24				
				4/1/24 - 4/3	30/24				
				5/1/24 - 5/	31/24				
				6/1/24 - 6/	30/24				
				7/1/24 - 7/3	31/24				
				8/1/24 - 8/3	31/24				
				9/1/24 - 9/3	30/24				
				10/1/24 - 10	/31/24				
Physical Para	ameters (PPS)						1 r	outine (RT) per month
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Perio	d Compl	iance Status
Select fro	m Inventory of Active Sampli	ng Points		11/1/23 - 11	/30/23				omplete
				12/1/23 - 12	/31/23			Co	omplete
				1/1/24 - 1/3	31/24			Co	omplete
				2/1/24 - 2/2	29/24			Co	omplete
				3/1/24 - 3/3	31/24				
				4/1/24 - 4/	30/24				
				5/1/24 - 5/	31/24				
				6/1/24 - 6/	30/24				
				7/1/24 - 7/	31/24				
				8/1/24 - 8/					
				9/1/24 - 9/					
				10/1/24 - 10	/31/24				
-	n Facility: ENTRY POINT	(WSF ID: 00700)							
	Nitrite (NOX)							-	RT) per year
	Point (Sampling Point ID)			Monitoring		Colle	ction Perio		iance Status
ENTRY PC	DINT (3)			1/1/23 - 12/					omplete
				1/1/24 - 12/				Co	omplete
				1/1/25 - 12/	-				
	Water	System Facili	ity and Sai	mpling Po	oint l	nvento	ory		
Water						Total	Lead an		
	ter System Facility	Sampling Point		nt		Coliforr			Stage
Facility ID		ID	Description		Status		Rule Tie	er Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO		Α	Y			
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	А				

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1		el Qual	ity Mon	ITOLIU	<u>g</u> an								
PWS ID PW	'S Name					(Classifi	cation P	opulatior	n Owr	ner Type	rimary Sourc	
CT1160064 STC	DNEWALL CON	AMONS OF F	PUTNAM				Ν	С	25		Р	GW	
Local Address (wher	e applicable)			Service		Residenti	al Co	mmercial	Industr	rial	Combined	Agricultura	
7 PROVIDENCE TUR	NPIKE			Conne	ctions			1					
Towns Served: PUT	NAM												
		Water Sy	stem Fac	cility and	d Sai	mpling I	Point	: Inven	tory				
Water System Water Sy Facility ID	stem Facility	S	ID	Descrip	TotalLead andSampling PointColiformCopperDescriptionStatusRuleRule Tier					Asbestos	Stage WQP 2 DBF		
			UPSTREAN			RVICE CON	A	١					
00700 ENTRY PO	DINT		3	ENTRY	POINT	-	Α	\					
22703 WELL			2	WELL			A	N N					
56917 WATER S	OFTENER												
			C	ontact l	nfor	mation							
Name				Organizati	ion						Job Title		
Tavern Brook LLC													
Mailing Address Line	e One		Mailing Add	ess Line Tv	vo				City		State	Zip Code	
326 Southbridge Str	eet		Suite 100					Auburn			MA	01501	
Business Phone	Extension	Fax	M	obile Phone	e E	mergency I	hone	one Email Address					
508-721-0005		508-721-0	055										
Contact Role(s): Ov	wner		I										
Name				Organizat	ion						Job Title		
Mr. Kyle Napierata				Laframboi	ise Wa	ter Service	s	Certified Operator					
Mailing Address Line	e One		Mailing Add	ress Line Tv	vo				City		State	Zip Code	
647 Thompson Road	k		P.O. Box 303					Thompso	on		СТ	06277	
Business Phone	Extension	Fax	M	obile Phone	e E	mergency I	Phone	Email Ad	dress		I		
860-624-2327		860-923-9	971			860-508-1	330	kyle@th	ewaterex	perts.	com		
Contact Role(s): Ac	Iministrative C	Contact	·		·								
Name				Organizati	ion						Job Title		
Mr. Michael C. O'br	ien			Tavern Bro	ook, Ll	_C			Member				
Mailing Address Line One Mailing Addr			ress Line Tv	vo				City		State	Zip Code		
326 Southbridge Str	eet		Suite 100					Auburn			MA	01501	
Business Phone	Extension	Fax	M	obile Phone	e E	mergency I	Phone	Email Ad	dress				
		508-721-0	055										

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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End of schedule

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	Connecticut Dep	artment of	Public H	ealth I	Drir	nkind	σW	ator S	ection			
		ality Monit							cction			
PWS ID	PWS Name		or mg and		.	ication	1		wner Type	Drin		
CT1160074	VILLAGE SHOPPING PLAZA				N		-	9	P	FIII	GW	
	(where applicable)		Service	Residentia		mmerc	-	dustrial	Combine	be	Agricultura	
	CK AVE W (ROUTE 171)		Connections	neoraenta		5		aastriar	comon		Grouter	
Towns Served												
		Monite	oring Requ	iiremen	ts							
Water Syster	m Facility: DISTRIBUTION		• •							_		
Total Colifor								1 ro	outine (R1) pe	er quarte	
	Point (Sampling Point ID)			Monitoring	g Peri	od (Collect	ion Perio	-		ice Status	
	om Inventory of Active Sampli	ng Points		10/1/23 - 1	-						plete	
	· · ·			1/1/24 - 3	/31/2	4				Com	plete	
				4/1/24 - 6	/30/2	4						
				7/1/24 - 9	/30/2	4						
Physical Par	ameters (PPS)							1 ro	outine (R1	⁻) pe	er quarte	
Sampling	Point (Sampling Point ID)			Monitoring	g Peri	od (Collect	ion Perio	d Com	pliar	ice Status	
Select fro	om Inventory of Active Samplin	ng Points		10/1/23 - 1	.2/31/	23					plete	
				1/1/24 - 3						Com	plete	
				4/1/24 - 6								
				7/1/24 - 9	/30/2	4						
	m Facility: ENTRY POINT	(WSF ID: 00700)										
	Nitrite (NOX)								1 routine			
	Point (Sampling Point ID)			Monitoring			Collect	ion Perio			ice Status	
ENTRY PO	DINT (3)			1/1/23 - 12							plete	
				1/1/24 - 12						Lom	plete	
Motor System		22704)		1/1/25 - 12	2/31/2	25						
	m Facility: WELL (WSF ID:	22704)						1		-)		
E. Coli (301	•			Monitorin	a Dori	ad (Collact	ion Perio	outine (R1	•••	er quartei Ice Status	
WELL (2)	Point (Sampling Point ID)			Monitoring			Jonecu	ion Perio				
VVELE (2)			10/1/23 - 12/31/23 1/1/24 - 3/31/24							Complete Complete		
				4/1/24 - 6						com	piete	
				7/1/24 - 9								
	\M/ator	System Facili	ity and Sar				nto	~				
Marker	vvaler	System Facili	ity and Sai	iipiilig r				-	-1			
Water System Wa	iter System Facility	Sampling Point	Samplina Poi	nt			otal liform	Lead an Copper			Stage	
Facility ID	ter system ruenty	ID	Description		Sta		Rule		er Asbesto	os N		
	TRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		A	Y					
		DOWNSTREAM				4	-					
		UPSTREAM	WITHIN 5 SER		4	٩						
00700 EN	TRY POINT	3	ENTRY POINT		A	4						
22704 WE	EL	2	WELL		A	4						
		Con	tact Inform	nation								
Name			rganization						Job Titl	-		
Mr. Doug Port	ter		oodstock Build	ling Associa	ates		l eg	al Contac		-		
Mailing Addre		Mailing Address					Ci		State	7	Zip Code	
78 Prospect St			•			Wood		,	CT	-	06281	

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

PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ1160074	VILLAGE SHOPPING PL	AZA					NC	49	Р	GW
Local Address (where applicable)				Service	Resider	ntial	Commerc	ial Industri	al Combine	ed Agricultural
22 WOODSTOCK AVE W (ROUTE 171)				Connections		5				
Towns Served: F	UTNAM						The Permanna	10101055		
860-928-0897 860-928-6556				860-928-3125 doug			@wbahomes.com			
Contact Role(s):	Administrative Contac	t, Legal Conta	ict, Own	er						
Please note the	following:									

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

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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End of schedule

	Connecticut De	epartment of	Public F	lealth D	rink	ing W	/ater So	ection	
	Water Q	uality Monit	oring an	d Comp	lianc	ce Sch	nedule		
PWS ID	PWS Name			Cl	assificat	ion Pop	oulation Ov	vner Type P	rimary Source
CT1169033	COLONIAL PLAZA COND	OMINIUM ASSN, IN	C.		NC		40	Р	GW
Local Address (where applicable)		Service	Residentia	l Comm	nercial	Industrial	Combined	Agricultura
554 LIBERTY HI	GHWAY		Connections		-	1			
Towns Served:	PUTNAM								
		Monit	oring Requ	uirement	S				
Water System	n Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Colifor	m (3100)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	l Compli	ance Status
Select from	m Inventory of Active Sam	oling Points		10/1/23 - 12	2/31/23			Co	omplete
				1/1/24 - 3/	31/24			Co	omplete
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
-	ameters (PPS)						1 ro		per quarter
	Point (Sampling Point ID)			Monitoring		Colle	ction Period	-	ance Status
Select from	m Inventory of Active Sam	oling Points		10/1/23 - 12					mplete
				1/1/24 - 3/				Co	omplete
				4/1/24 - 6/					
				7/1/24 - 9/	30/24				
Water System	Facility: ENTRY POIN	Г (WSF ID: 00700)							
Nitrate (104	0)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	l Compli	ance Status
ENTRY PO	INT (3)			10/1/23 - 12	2/31/23			Сс	omplete
				1/1/24 - 3/	31/24			Co	omplete
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
Nitrite (1041	L)						1	L routine (F	RT) per year
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	l Compli	ance Status
ENTRY PO	INT (3)			1/1/23 - 12,				Co	omplete
				1/1/24 - 12,	-				
				1/1/25 - 12,	/31/25				
Water System	n Facility: WELL 1 (WSI	F ID: 49293)							
E. Coli (3014)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	Compli	ance Status
WELL 1 (2)			10/1/23 - 12	2/31/23			Co	omplete
				1/1/24 - 3/				Co	omplete
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
		Other C	ompliance	Schedul	les				
Compliance Sc	hedule Activity			Du	e Date		Achieved	l Date	
CROSS CONNE	CTION EXEMPTION			3/1	/2027				
	Wate	r System Facil	ity and Sa	mpling P	oint Ir	nvento	ory		
Water						Total	Lead and	d	
	ter System Facility	Sampling Point		nt		Coliforn	n Copper		Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM	4	GENERIC DIS	RIBUTION	А				

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

	~	<i>y</i> 0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1169033	COLONIAL PLAZA CONDOMINIU	NC	40	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
554 LIBERTY HIC	Connections		1				
Towns Served:	PUTNAM					·	

Wa	ter System Facil	ity and Sampling Po	oint Ir	nventoi	ſy		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	tage DBPR
	4-1	UNIT 4	A	Y	2	Y	
	4-2	UNIT 6	А	Y	2		
	4-3	UNIT 12	А	Y	2		
	4-4	UNIT 14	А	Y	2		
	4-5	UNIT 1	А	Y	2		
	4-6	UNIT 6 BATHROOM SINK	А	Y			
	DOWNSTREAM	WITHIN 5 SERVICE CON	А				
	UPSTREAM	WITHIN 5 SERVICE CON	А				
00700 ENTRY POINT	3	ENTRY POINT	А				
49293 WELL 1	2	WELL 1	А				

60790 TREATMENT PLAN

Contact Information

			-							
Name				Organization	۱		Job Title			
Mr. Thomas M. Tag	g			Colonial Plaz	a Condo Assoc Inc	President	President			
Mailing Address Line One Mailing Add				ress Line Two		City	State	Zip Code		
554 Liberty Highway Unit 4					Putnam	СТ	06260			
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address				
860-928-2352					508-873-2200	taggsrus@aol.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.

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End of schedule