| Connecticut Department of Public Health Drinking Water Section<br>Water Quality Monitoring and Compliance Schedule     PWS ID   PWS Name   Classification   Population   Owner Type   Primary S     CT1170122   REDDING MEDITATION SOCIETY   NC   25   P   GW     Local Address (where applicable)   Service   Residential   Commercial   Industrial   Combined   Agricu     9 PICKETTS RIDGE ROAD   Connections   1   Omitoring Requirements     Monitoring Requirements     Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)   1 routine (RT) per quality for the sampling Point ID)     Monitoring Period   Collection Period   Compliance State     Select from Inventory of Active Sampling Points   10/1/23 - 12/31/23   Complete     1/1/24 - 3/31/24   |
|--|
| PWS ID   PWS Name   Classification   Population   Owner Type   Primary S     CT1170122   REDDING MEDITATION SOCIETY   NC   25   P   GW     Local Address (where applicable)   Service   Residential   Commercial   Industrial   Combined   Agricu     9 PICKETTS RIDGE ROAD   Connections   1   Industrial   Combined   Agricu     1 Owns Served: REDDING   Monitoring Requirements   Industrial   Combined   Agricu     Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)   1   Industrial   Compliance Stee     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance Stee     Select from Inventory of Active Sampling Points   10/1/23 - 12/31/23   Complete  |
| CT1170122   REDDING MEDITATION SOCIETY   NC   25   P   GW     Local Address (where applicable)   Service   Residential   Commercial   Industrial   Combined   Agricu     9 PICKETTS RIDGE ROAD   Connections   1   I <t< th=""></t<>   |
| Local Address (where applicable)   Service<br>Connections   Residential   Commercial   Industrial   Combined   Agricular<br>Agricular     9 PICKETTS RIDGE ROAD   1  |
| 9 PICKETTS RIDGE ROAD   Connections   1   0     9 PICKETTS RIDGE ROAD   1   0   0     Towns Served: REDDING     Monitoring Requirements     Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)     Total Coliform (3100)     Sampling Point (Sampling Point ID)     Monitoring Period   Collection Period   Compliance Store     Select from Inventory of Active Sampling Points   10/1/23 - 12/31/23   Complete   |
| Towns Served: REDDING     Monitoring Requirements     Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)     Total Coliform (3100)   1 routine (RT) per qual     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance Store     Select from Inventory of Active Sampling Points   10/1/23 - 12/31/23   Complete   |
| Monitoring Requirements     Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)     Total Coliform (3100)   1 routine (RT) per quality     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance State     Select from Inventory of Active Sampling Points   10/1/23 - 12/31/23   Complete  |
| Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)     Total Coliform (3100)   1 routine (RT) per qua     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance Sta     Select from Inventory of Active Sampling Points   10/1/23 - 12/31/23   Complete  |
| Total Coliform (3100)1 routine (RT) per quaSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StaSelect from Inventory of Active Sampling Points10/1/23 - 12/31/23Complete   |
| Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StateSelect from Inventory of Active Sampling Points10/1/23 - 12/31/23Complete  |
|  |
| 1/1/24 - 3/31/24 Complete  |
|  |
| 4/1/24 - 6/30/24   |
| 7/1/24 - 9/30/24   |
| Physical Parameters (PPS) 1 routine (RT) per qua   |
| Sampling Point (Sampling Point ID)     Monitoring Period     Collection Period     Compliance State  |
| Select from Inventory of Active Sampling Points10/1/23 - 12/31/23Complete  |
| 1/1/24 - 3/31/24 Complete  |
| 4/1/24 - 6/30/24   |
| 7/1/24 - 9/30/24   |
| Water System Facility: ENTRY POINT (WSF ID: 00700)   |
| Nitrate And Nitrite (NOX)   1 routine (RT) per second se |
| Sampling Point (Sampling Point ID)     Monitoring Period     Collection Period     Compliance State  |
| 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 3/1/2022  |
| CROSS CONNECTION SURVEY REPORT 3/1/2023  |
| CROSS CONNECTION SURVEY REPORT 3/1/2024  |
| Water System Facility and Sampling Point Inventory   |
| Water Total Lead and   |
| System     Water System Facility     Sampling Point     Coliform     Copper     Solution   |
| Facility ID     ID     Description     Status     Rule     Rule Tier     Asbestos     WQP 2  |
| 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y  |

| 00600 | DISTRIBUTION SYSTEM | 4          | DISTRIBUTION SYSTEM  | A | Y |   |   |  |
|-------|---------------------|------------|----------------------|---|---|---|---|--|
|       |                     | DOWNSTREAM | WITHIN 5 SERVICE CON | А |   |   |   |  |
|       |                     | RMS001     | MEDITATION CTR KIT   | А | Y |   | Y |  |
|       |                     | RMS002     | MEDITATION CTR RR L  | А | Y |   | Y |  |
|       |                     | RMS003     | MEDITATION CTR RR R  | А | Y |   | Y |  |
|       |                     | RMS004     | RETREAT CTR KIT FL 1 | А | Y |   | Y |  |
|       |                     | RMS005     | RETREAT CTR RR FL1   | А | Y |   | Y |  |
|       |                     | RMS006     | RETREAT CTR KIT FL 2 | А | Y |   | Y |  |
|       |                     | RMS007     | RETREAT CTR RR FL 2  | А | Y |   | Y |  |
|       |                     | RMS008     | R RM NEAR OFFICE     | А | Y | 1 |   |  |
|       |                     | RMS009     | KITCHEN              | А | Y | 1 |   |  |
|       |                     | RMS010     | R RM NEAR NURSERY    | А | Y | 1 |   |  |
|       |                     | RMS011     | NURSERY              | А | Y | 1 |   |  |

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source **REDDING MEDITATION SOCIETY** Ρ CT1170122 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 9 PICKETTS RIDGE ROAD 1 Towns Served: REDDING Water System Facility and Sampling Point Inventory Lead and Water **Total** Sampling Point Sampling Point Water System Facility Coliform System Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status **RMS012 2ND FLR KITCHEN** γ 1 Δ UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT ENTRY POINT Α 3 2 WELL 10878 WELL #1 Α **Certified Operator Information** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: SMALL WATER SYSTEM Certification **Operator Name Operator Type** Certification(s) Expiration WATER TREATMENT PLANT OPERATOR - CLASS I LEMKE, BRIAN CHIEF OPERATOR 3/31/2024 **Contact Information** Name Organization Job Title Mr. Michael Bresnan **Redding Center For Meiditation** Owner Mailing Address Line One Mailing Address Line Two State Zip Code Citv 9 Picketts Ridge Road 06896 West Redding CT **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 203-438-0478 203-894-8183 203-231-2925 mbresnan@prodigy.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

|                          | Connecticut Dep<br>Water Ou           | oartment o<br>ality Moni |                                |              |      |                    | U               |                     | ection        |                            |
|--------------------------|---------------------------------------|--------------------------|--------------------------------|--------------|------|--------------------|-----------------|---------------------|---------------|----------------------------|
| PWS ID                   | PWS Name                              |                          | toring all                     |              |      |                    |                 |                     |               | imary Source               |
| CT1170152                | CHRIST CHURCH PARISH                  |                          |                                |              | Cia  | NC                 | -               | 29                  | P             | GW                         |
|                          | (where applicable)                    |                          | Service                        | Residen      | tial |                    |                 | ndustrial           | P<br>Combined | Agricultural               |
| 180 CROSS HIG            |                                       |                          | Connections                    | residen<br>1 | cial | connen             |                 | laustial            | Combined      | ABIICUITUI di              |
| Towns Served:            |                                       |                          |                                | -            |      |                    |                 |                     |               |                            |
|                          | -                                     | Monit                    | toring Requ                    | ireme        | nts  | :                  |                 |                     |               |                            |
| Water Syster             | n Facility: <b>DISTRIBUTION</b>       |                          | • •                            | in enne      |      | ·                  |                 |                     |               |                            |
| Total Colifor            | m (3100)<br>Point (Sampling Point ID) |                          |                                | Monitori     | na P | Period             | Collect         | 1 ro<br>tion Period |               | per quarter<br>ance Status |
|                          | m Inventory of Active Sampli          | ng Points                |                                | 10/1/23 -    |      |                    |                 |                     | -             | mplete                     |
|                          | , ,                                   | 0                        |                                | 1/1/24 -     |      |                    |                 |                     |               | mplete                     |
|                          |                                       |                          |                                | 4/1/24 -     |      |                    |                 |                     |               | ·                          |
|                          |                                       |                          |                                | 7/1/24 -     |      |                    |                 |                     |               |                            |
| Physical Para            | ameters (PPS)                         |                          |                                |              |      |                    |                 | 1 ro                | utine (RT)    | per quarter                |
| Sampling                 | Point (Sampling Point ID)             |                          |                                | Monitori     | ng P | Period             | Collect         | tion Period         | Complie       | ance Status                |
| Select fro               | m Inventory of Active Sampli          | ng Points                |                                | 10/1/23 -    |      |                    |                 |                     |               | mplete                     |
|                          |                                       |                          |                                | 1/1/24 -     |      |                    |                 |                     | Со            | mplete                     |
|                          |                                       |                          |                                | 4/1/24 -     |      | -                  |                 |                     |               |                            |
|                          |                                       |                          |                                | 7/1/24 -     | 9/3  | 0/24               |                 |                     |               |                            |
| -                        | n Facility: ENTRY POINT               | (WSF ID: 00700           |                                |              |      |                    |                 |                     |               |                            |
|                          | Nitrite (NOX)                         |                          |                                |              |      |                    |                 |                     | -             | T) per year                |
|                          | Point (Sampling Point ID)             |                          |                                | Monitori     | -    |                    | Collect         | tion Period         |               | ance Status                |
| ENTRY PC                 | DINT (3)                              |                          |                                | 1/1/23 -     |      |                    |                 |                     | Со            | mplete                     |
|                          |                                       |                          |                                | 1/1/24 -     |      |                    |                 |                     |               |                            |
| Water System             | n Facility: WELL (WSF ID              | : 10533)                 |                                | 1/1/25 -     | 12/3 | 31/25              |                 |                     |               |                            |
| E. Coli (3014            |                                       |                          |                                |              |      |                    |                 | 1 ro                | utine (RT)    | per quarter                |
| -                        | Point (Sampling Point ID)             |                          |                                | Monitori     | ng P | Period             | Collect         | tion Period         |               | ance Status                |
| WELL (2)                 |                                       |                          |                                | 10/1/23 -    | 12/  | 31/23              |                 |                     | Со            | mplete                     |
|                          |                                       |                          |                                | 1/1/24 -     | 3/3  | 1/24               |                 |                     | Со            | mplete                     |
|                          |                                       |                          |                                | 4/1/24 -     | 6/3  | 0/24               |                 |                     |               |                            |
|                          |                                       |                          |                                | 7/1/24 -     | 9/3  | 0/24               |                 |                     |               |                            |
|                          |                                       | Other O                  | Compliance                     | Sched        | lule | es                 |                 |                     |               |                            |
| Compliance So            | hedule Activity                       |                          |                                |              | Due  | Date               |                 | Achieved            | l Date        |                            |
| RESPOND TO S             | SANITARY SURVEY                       |                          |                                | 1            | 1/25 | 6/2021             |                 |                     |               |                            |
| CROSS CONNE              | CTION SURVEY REPORT                   |                          |                                |              | 3/1/ | 2022               |                 |                     |               |                            |
| CROSS CONNE              | CTION SURVEY REPORT                   |                          |                                |              | 3/1/ | 2024               |                 |                     |               |                            |
|                          | Water                                 | System Faci              | lity and Sar                   | npling       | Ро   |                    |                 | -                   |               |                            |
| Water                    | ton Custom Frailite                   | Conceller Det            | Conceller - D. 1               |              |      |                    | Total           | Lead and            | 1             | <i></i>                    |
| System Wa<br>Facility ID | ter System Facility                   | Sampling Point<br>ID     | t Sampling Poin<br>Description | n.           |      |                    | oliform<br>Rule |                     | r Ashestas    | Stage<br>WQP 2 DBPF        |
|                          | TRIBUTION SYSTEM                      | 4                        | DISTRIBUTION                   | I SYSTEM     |      | <u>Status</u><br>A | Y               | nuic rici           |               |                            |
| 00000 013                |                                       | -<br>CCP001              | KIT SNK                        | . 5151 2101  |      | A                  | Ŷ               |                     | Y             |                            |
|                          |                                       | CCP002                   | RR MENS RR                     |              |      | A                  | Ŷ               |                     | Ŷ             |                            |
|                          |                                       | CCP003                   | RR LADY ROO                    | М            |      | A                  | Ŷ               |                     | Ŷ             |                            |
|                          |                                       | CCP004                   | KIT SNK SINGI                  |              |      | А                  | Y               |                     | Y             |                            |
|                          |                                       |                          |                                |              |      |                    |                 |                     |               |                            |

|                 |                     |    | 0           |         | 1              |              |             |                 |
|-----------------|---------------------|----|-------------|---------|----------------|--------------|-------------|-----------------|
| PWS ID          | PWS Name            |    |             |         | Classification | Population   | Owner Type  | Primary Source  |
| CT1170152       | CHRIST CHURCH PARIS | SH |             |         | NC             | 29           | Р           | GW              |
| Local Address ( | where applicable)   |    | Service     | Residen | tial Commerci  | ial Industri | ial Combine | ed Agricultural |
| 180 CROSS HIG   | ihway               |    | Connections | 1       |                |              |             |                 |
| Towns Served:   | REDDING             |    | ÷           |         |                | ·            |             |                 |

|                                | Water                     | System Facili        | ity and Sampling P            | oint lr | nvento                    | ſY |          |              |
|--------------------------------|---------------------------|----------------------|-------------------------------|---------|---------------------------|----|----------|--------------|
| Water<br>System<br>Facility ID | Water System Facility     | Sampling Point<br>ID | Sampling Point<br>Description | Status  | Total<br>Coliform<br>Rule |    | Asbestos | tage<br>DBPR |
|                                |                           | CCP005               | KIT SNK TRPL SNK              | А       | Y                         |    | Y        |              |
|                                |                           | CCP006               | KITCHEN SINK                  | А       | Y                         | 1  |          |              |
|                                |                           | CCP007               | KITCHEN TRPL SINK L           | А       | Y                         | 1  |          |              |
|                                |                           | CCP008               | KITCHEN TRPL SINK M           | А       | Y                         | 1  |          |              |
|                                |                           | CCP009               | KITCHEN TRPL SINK R           | А       | Y                         | 1  |          |              |
|                                |                           | CCP010               | MENS RM SINK                  | А       | Y                         | 1  |          |              |
|                                |                           | CCP011               | LADIES RM SINK                | А       | Y                         | 1  |          |              |
|                                |                           | DOWNSTREAM           | WITHIN 5 SERVICE CON          | А       |                           |    |          |              |
|                                |                           | UPSTREAM             | WITHIN 5 SERVICE CON          | А       |                           |    |          |              |
| 00700                          | ENTRY POINT               | 3                    | ENTRY POINT                   | А       |                           |    |          | <br>         |
| 10533                          | WELL                      | 2                    | WELL                          | А       |                           |    |          | <br>         |
| 45150                          | 2 UV DISINFECTION DEVICES |                      |                               |         |                           |    |          |              |

## **Certified Operator Information**

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

| Facility Classificatio      | on: SMALL WA  | TER SYSTEM |                                |               |                 |           |              |              | Certification |
|-----------------------------|---------------|------------|--------------------------------|---------------|-----------------|-----------|--------------|--------------|---------------|
| <b>Operator Name</b>        |               |            | Operator Type Certification(s) |               |                 |           |              |              | Expiration    |
| LEMKE, BRIAN                |               |            | CHIEF C                        | OPERATOR      | CLASS I         | 3/31/2024 |              |              |               |
|                             |               |            |                                | Contact Info  | ormation        |           |              |              |               |
| Name Organization Job Title |               |            |                                |               |                 |           |              |              |               |
| Mrs. Laura R. Russe         | ell           |            |                                | Christ Church | l               |           | Warden       |              |               |
| Mailing Address Lin         | e One         |            | Mailing Address Line Two       |               |                 |           | City         | State        | Zip Code      |
| P.O. Box 54                 |               |            |                                |               |                 | Redding   | Ridge        | СТ           | 06876         |
| Business Phone              | Extension     | Fax        |                                | Mobile Phone  | Emergency Phone | Email Ac  | dress        |              |               |
| 203-938-2872                |               | 203-938-2  | 2175                           |               | 203-731-0545    | christch  | urchparish@s | sbcglobal.ne | t             |
| Contact Role(s): A          | dministrative | 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                |                             | 0                        | ection                   |
|---------------|---------------------------------------|-----------------------------|--------------------------|--------------------------|
|               | Water Quality Mon                     | itoring and Compliand       |                          |                          |
| PWS ID        | PWS Name                              |                             |                          | ner Type Primary Source  |
| CT1170104     | NEW POND FARM EDUCATION CENTER        | NC                          | 49                       | P GW                     |
|               | (where applicable)                    |                             | nercial Industrial       | Combined Agricultura     |
| 101 MARCHAN   |                                       | Connections                 | 1                        |                          |
| Fowns Served: |                                       |                             |                          |                          |
|               | Mon                                   | itoring Requirements        |                          |                          |
| Nater Systen  | n Facility: DISTRIBUTION SYSTEM (WS   | F ID: 00600)                |                          |                          |
| Total Colifor | m (3100)                              |                             | 1 rc                     | outine (RT) per month    |
| Sampling      | Point (Sampling Point ID)             | Monitoring Period           | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select fro    | m 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          |                          |                          |
| •             | ameters (PPS)                         |                             |                          | outine (RT) per month    |
|               | Point (Sampling Point ID)             | Monitoring Period           | Collection Period        | Compliance Status        |
| Select fro    | m 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          |                          |                          |
|               | n Facility: ENTRY POINT (WSF ID: 0070 | )))                         |                          |                          |
|               | Nitrite (NOX)                         |                             |                          | routine (RT) per year    |
|               | Point (Sampling Point ID)             | Monitoring Period           | Collection Period        | Compliance Status        |
| ENTRY PC      | 91NT (3)                              | 1/1/23 - 12/31/23           |                          | Complete                 |
|               |                                       | 1/1/24 - 12/31/24           |                          |                          |
|               |                                       | 1/1/25 - 12/31/25           |                          |                          |
|               | Other                                 | Compliance Schedules        |                          |                          |
| Compliance Sc | hedule Activity                       | Due Date                    | Achieved                 | Date                     |
| CROSS CONNE   | CTION SURVEY REPORT                   | 3/1/2025                    |                          |                          |
|               | Water System Fac                      | cility and Sampling Point I | nventory                 |                          |
| Water         |                                       |                             | Total Lead and           | 1                        |
| vvuler        |                                       |                             |                          |                          |

Schedule Generation Date: 4/3/2024

|                       | VVal             | ei Quai    | ity monit       | oring a     | inu con     | прпа    | ance.                | schedt        | ne     |              |              |
|-----------------------|------------------|------------|-----------------|-------------|-------------|---------|----------------------|---------------|--------|--------------|--------------|
| PWS ID                | PWS Name         |            |                 |             |             | Classi  | fication             | Populatio     | n Ov   | vner Type Pi | rimary Sourc |
| СТ1170104             | NEW POND FARM    | I EDUCATIO | N CENTER        |             |             | 1       | NC                   | 49            |        | Р            | GW           |
| Local Address (wł     | nere applicable) |            |                 | Service     | Resider     | ntial C | ommerci              | al Indust     | rial   | Combined     | Agricultura  |
| 101 MARCHANT I        | ROAD             |            |                 | Connectio   | ons         |         | 1                    |               |        |              |              |
| Towns Served: RE      | DDING            |            |                 |             |             |         |                      |               |        |              |              |
| Facility ID           |                  |            | ID              | Descriptio  | n           | St      | atus <sup>F</sup>    | Rule Ru       | le Tie | r Asbestos   | WQP 2 DBP    |
| 00600 DISTRI          | BUTION SYSTEM    |            | 4               | DISTRIBUT   | TON SYSTEM  | Λ       | А                    | Υ             |        |              |              |
|                       |                  | l          | DOWNSTREAM      | WITHIN 5    | SERVICE CO  | N       | А                    |               |        |              |              |
|                       |                  |            | NPF001          | RR 1ST FLO  | DOR         |         | А                    | Υ             |        | Y            |              |
|                       |                  |            | NPF002          | RR 2ND FL   | .OOR        |         | А                    | Υ             |        | Y            |              |
|                       |                  |            | NPF003          | KIT SNK     |             |         | А                    | Υ             |        | Y            |              |
|                       |                  |            | UPSTREAM        | WITHIN 5    | SERVICE CO  | N       | А                    |               |        |              |              |
| 00700 ENTRY           | POINT            |            | 3               | ENTRY PO    | INT         |         | А                    |               |        |              |              |
| 22021 WELL            | #1               |            | 2               | WELL #1     |             |         | А                    |               |        |              |              |
| 61872 WELL            | #2               |            | 2               | WELL #2     |             |         | А                    |               |        |              |              |
|                       |                  |            | Con             | tact Info   | ormation    | า       |                      |               |        |              |              |
| Name                  |                  |            | Or              | rganization |             |         |                      |               |        | Job Title    |              |
| Ms. Bruce Given       |                  |            | Ne              | ew Pond Fa  | rm Educatic | on Ctr  | Interim Co-President |               |        |              |              |
| Mailing Address L     | ine One          |            | Mailing Address | s Line Two  |             |         |                      | City          | State  | Zip Code     |              |
| 101 Marchant Ro       | ad               |            |                 |             |             |         | West F               | Redding       |        | СТ           | 06896        |
| Business Phone        | e Extension      | Fax        | Mobi            | le Phone    | Emergenc    | y Phon  | e Email A            | Email Address |        |              |              |
| 203-938-2117          |                  | 203-938-9  | 593             |             |             |         | info@ı               | newpondfa     | arm.o  | rg           |              |
| Contact Role(s):      | Legal Contact, O | wner       |                 |             |             |         |                      |               |        |              |              |
| Name                  |                  |            | Ог              | rganization |             |         |                      |               |        | Job Title    |              |
| Ms. Ann Bostelm       | ann              |            | Ne              | ew Pond Fa  | rm Edu. Cer | nter    |                      | Executiv      | /e Dir | ector        |              |
| Mailing Address L     | s Line Two       |            |                 |             | City        |         | State                | Zip Code      |        |              |              |
| 101 Marchant Ro       | 01 Marchant Road |            |                 |             |             |         | West F               | Redding       |        | СТ           | 06896        |
| <b>Business Phone</b> | e Extension      | Fax        | Mobi            | le Phone    | Emergence   | y Phon  | e Email /            | Address       |        |              |              |
| 203-938-2117          |                  |            |                 | ann@r       | newpondfa   | rm.o    | rg                   |               |        |              |              |
| Contact Role(s):      | Administrative C | Contact    |                 |             |             |         |                      |               |        |              |              |
| Please note the f     | ollowing:        |            |                 |             |             |         |                      |               |        |              |              |

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

|                | Connecticut D             | epartment of<br>Juality Monit |                               |          |        |            | 0      |         |       | ction      |             |
|----------------|---------------------------|-------------------------------|-------------------------------|----------|--------|------------|--------|---------|-------|------------|-------------|
| PWS ID         | PWS Name                  |                               | or mg anu                     | COII     |        | sification |        |         |       | er Type Pr | imary Sourc |
| CT1170194      | 119 BLACK ROCK TURN       | PIKE                          |                               |          | Club   | NC         |        | 25      | 0     | P          | GW          |
|                | where applicable)         | · ···-                        | Service R                     | esident  | tial ( | Commei     |        | ndustri | al    | Combined   | Agricultura |
| 119 BLACK ROO  |                           |                               | Connections                   |          |        | 1          |        |         | -     |            | 0           |
| Towns Served:  | REDDING                   |                               |                               |          |        |            |        |         |       |            |             |
|                |                           | Monito                        | oring Requir                  | emei     | nts    |            |        |         |       |            |             |
| Water System   | Facility: DISTRIBUTIO     | ON SYSTEM (WSF I              | D: 00600)                     |          |        |            |        |         |       |            |             |
| Total Colifor  | m (3100)                  |                               |                               |          |        |            |        | 1       | l rou | tine (RT)  | per quarter |
| Sampling       | Point (Sampling Point ID, | )                             | M                             | onitoriı | ng Pe  | eriod      | Collec | tion Pe | riod  | Compli     | ance Status |
| Select fro     | m Inventory of Active Sam | npling Points                 | 10,                           | /1/23 -  | 12/3   | 1/23       |        |         |       | Со         | mplete      |
|                |                           |                               | 1,                            | /1/24 -  | 3/31   | /24        |        |         |       | Со         | mplete      |
|                |                           |                               | 4,                            | /1/24 -  | 6/30   | /24        |        |         |       |            |             |
|                |                           |                               | 7,                            | /1/24 -  | 9/30   | /24        |        |         |       |            |             |
| •              | ameters (PPS)             |                               |                               |          |        |            |        |         |       |            | per quarter |
|                | Point (Sampling Point ID, |                               | M                             | onitoriı | ng Pe  | eriod      | Collec | tion Pe | riod  | Compli     | ance Status |
| Select fro     | m Inventory of Active Sam | pling Points                  | 10                            | /1/23 -  | 12/3   | 1/23       |        |         |       | Со         | mplete      |
|                |                           |                               |                               | /1/24 -  |        |            |        |         |       | Со         | mplete      |
|                |                           |                               |                               | /1/24 -  |        |            |        |         |       |            |             |
|                |                           |                               | 7,                            | /1/24 -  | 9/30   | /24        |        |         |       |            |             |
| Water System   | n Facility: ENTRY POIN    | IT (WSF ID: 00700)            |                               |          |        |            |        |         |       |            |             |
|                | Nitrite (NOX)             |                               |                               |          |        |            |        |         | 1     | -          | T) per year |
|                | Point (Sampling Point ID, | )                             |                               | onitoriı | _      |            | Collec | tion Pe | riod  |            | ance Status |
| ENTRY PO       | INT (3)                   |                               |                               | 1/23 - 1 |        |            |        |         |       | Со         | mplete      |
|                |                           |                               |                               | 1/24 - 1 |        |            |        |         |       |            |             |
|                |                           |                               |                               | 1/25 - 1 | -      | •          |        |         |       |            |             |
|                | Wate                      | er System Facili              | ity and Sam                   | oling    | Poi    | nt Inv     | ento   | ory     |       |            |             |
| Water          |                           |                               |                               |          |        |            | Total  | Lead    |       |            |             |
|                | ter System Facility       |                               | Sampling Point                |          |        | С          |        | Cop     |       |            | Stage       |
| Facility ID    |                           | ID                            | Description                   |          |        | tatus      | Rule   | Rule    | Tier  | Asbestos   | WQP 2 DBP   |
| 00600 DIST     | RIBUTION SYSTEM           | 4                             | DISTRIBUTION S                |          |        | A          | Y      |         |       |            |             |
|                |                           |                               | WITHIN 5 SERVI                |          | l      | A          |        |         |       | N/         |             |
|                |                           | RRM001                        | KIT SNK TRPL SN               | K        |        | A          | Y      |         |       | Y          |             |
|                |                           | RRM002                        | KIT SNK SINGLE                |          |        | A          | Y      |         |       | Y          |             |
|                |                           | RRM003                        | KIT SNK BACK SI               | -        |        | A          | Y      |         |       | Y          |             |
|                |                           | RRM004                        | KIT HAND SNK 1                |          |        | A          | Y      |         |       | Y          |             |
|                |                           | RRM005                        | KIT HAND SNK 2                |          |        | A          | Y      |         |       | Y          |             |
|                |                           | RRM006                        | KT SNK LRG SING               | 5 FRINT  |        | A          | Y<br>Y |         |       | Y          |             |
|                |                           | RRM007                        | RR MENS RR                    |          |        | A          | r<br>Y |         |       | Y          |             |
|                |                           | RRM008<br>UPSTREAM            |                               |          |        | A          | T      |         |       | Y          |             |
| 00700 ENT      | RY POINT                  | 3                             | WITHIN 5 SERVI<br>ENTRY POINT |          | •      | A<br>A     |        |         |       |            |             |
| 22029 WEI      |                           | 2                             | WELL                          |          |        | A          |        |         |       |            |             |
| 22023 VVE      | -L                        |                               |                               |          |        | ~          |        |         |       |            |             |
|                |                           |                               | tact Informa                  | ation    |        |            |        |         |       |            |             |
| Name           |                           |                               | rganization                   |          |        |            |        |         |       | Job Title  |             |
| Mrs. Sandra, G | i Wright                  | 11                            | 9 Black Rock LLC              |          |        |            | 0\     | vner/M  | anag  | ger        |             |
| Mailing Addres |                           | Mailing Address               | · · · · · ·                   |          |        |            |        | City    |       | State      | Zip Code    |

| PWS Name          |   |  |  |  | Cla   | ssification Po   | opulation  | Owner Type  | Primary Source  |
|-------------------|---|--|--|--|---|--|--|---|---|
| 119 BLACK ROCK T  | URNPIKE   |  |  |  |   | NC   | 25   | Р   | GW  |
| here applicable)  |   |  | Service  | Residen  |   | Commercial Industr   |  | al Combine  | ed Agricultural   |
| TURNPIKE          |   |  | Connection   | IS   |   | 1  |  |   |   |
| EDDING            |   |  |  |  |   |  | I  |   | l   |
| e Extension       | Fax   | Mobil  | e Phone  | Emergency Phone Email Address  |   |  |  |   |   |
|                   |   |  |  | 203-938  | -298  | 4 wrightsa   | n@optonl   | ine.net   |   |
| Administrative Co | ntact, Owner  |  | i  |  |   |  |  |   |   |
| ollowing          |   |  |  |  |   |  |  |   |   |
|                   | here applicable)<br>TURNPIKE<br>EDDING<br>e Extension | 119 BLACK ROCK TURNPIKE     here applicable)     TURNPIKE     EDDING     e   Extension     Fax     Administrative Contact, Owner | 119 BLACK ROCK TURNPIKE     here applicable)     TURNPIKE     EDDING     e   Extension     Fax   Mobil     Administrative Contact, Owner | 119 BLACK ROCK TURNPIKE     here applicable)   Service     TURNPIKE   Connection     EDDING   Extension     Fax   Mobile Phone     Administrative Contact, Owner | 119 BLACK ROCK TURNPIKE   Service   Resider     here applicable)   Service   Connections     TURNPIKE   Connections   EDDING     e   Extension   Fax   Mobile Phone   Emergency     a   Administrative Contact, Owner   203-938 | <b>119 BLACK ROCK TURNPIKE</b> Service Connections     here applicable)   Service Connections     TURNPIKE   Connections     EDDING   Emergency Photogram     e   Extension   Fax   Mobile Phone   Emergency Photogram     administrative Contact, Owner   Administrative Contact, Owner   Emergency Photogram | INC     NC     here applicable)   Service   Residential   Commercial     TURNPIKE   Connections   1     EDDING   Extension   Fax   Mobile Phone   Emergency Phone   Email Add     administrative Contact, Owner   Contact, Owner | 119 BLACK ROCK TURNPIKE   NC   25     here applicable)   Service   Residential   Commercial   Industri     TURNPIKE   Connections   1   1   EDDING     e   Extension   Fax   Mobile Phone   Emergency Phone   Email Address     administrative Contact, Owner   203-938-2984   wrightsan@optonl | Industrial   NC   25   P     Industrial   Service   Residential   Commercial   Industrial   Combine     TURNPIKE   Connections   1   Image: Combine   Combine   Combine     EDDING   Extension   Fax   Mobile Phone   Emergency Phone   Email Address     a   Extension   Fax   Mobile Phone   Emergency Phone   Email Address     Administrative Contact, Owner   Contact, Owner   Combine   Combine   Combine |

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

|             |                               | •               | Public Health I<br>oring and Comp |            | 0          |            | ction                 |               |
|-------------|-------------------------------|-----------------|-----------------------------------|------------|------------|------------|-----------------------|---------------|
| PWS ID      | PWS Name                      | startey monit   | <u> </u>                          | lassificat |            |            | ner Type P            | rimary Source |
| СТ1170204   | REDDING ROAD HOUSE            |                 |                                   | NC         |            | .5         | P                     | GW            |
| Local Addre | ss (where applicable)         |                 | Service Residentia                | al Comm    | nercial In | dustrial   | Combined              | Agricultura   |
| 406 REDDIN  |                               |                 | Connections                       |            |            |            | 4                     |               |
|             | ed: REDDING                   |                 |                                   |            |            |            |                       |               |
|             |                               | Monit           | oring Requirement                 | ts         |            |            |                       |               |
| Water Syst  | tem Facility: DISTRIBUTIO     |                 |                                   |            |            |            |                       |               |
| Total Coli  | form (3100)                   |                 |                                   |            |            |            |                       | per quarter   |
| -           | ing Point (Sampling Point ID) |                 | Monitoring                        |            | Collect    | ion Period |                       | ance Status   |
| Select      | from Inventory of Active Sam  | oling Points    | 10/1/23 - 1                       |            |            |            |                       | omplete       |
|             |                               |                 | 1/1/24 - 3,                       |            |            |            | Co                    | omplete       |
|             |                               |                 | 4/1/24 - 6,                       |            |            |            |                       |               |
|             | <i>i</i> <b>i</b>             |                 | 7/1/24 - 9,                       | /30/24     |            |            |                       |               |
| -           | arameters (PPS)               |                 |                                   |            |            |            |                       | per quarter   |
| -           | ing Point (Sampling Point ID) |                 | Monitoring                        |            | Collect    | ion Period |                       | ance Status   |
| Select      | from Inventory of Active Sam  | oling Points    | 10/1/23 - 12                      |            |            |            |                       | mplete        |
|             |                               |                 | 1/1/24 - 3,                       |            |            |            | Сс                    | omplete       |
|             |                               |                 | 4/1/24 - 6,                       |            |            |            |                       |               |
|             |                               |                 | 7/1/24 - 9,                       | /30/24     |            |            |                       |               |
| -           | tem Facility: ENTRY POIN      | (WSF ID: 00700) |                                   |            |            |            |                       | 1             |
|             | nd Nitrite (NOX)              |                 |                                   |            |            |            | -                     | RT) per year  |
| -           | ing Point (Sampling Point ID) |                 | Monitoring                        |            | Collect    | ion Period |                       | ance Status   |
| ENTRY       | POINT (3)                     |                 | 1/1/23 - 12                       |            |            |            | Сс                    | omplete       |
|             |                               |                 | 1/1/24 - 12                       |            |            |            |                       |               |
|             |                               |                 | 1/1/25 - 12                       |            |            |            |                       |               |
|             |                               | Other C         | ompliance Schedu                  |            |            |            |                       |               |
|             | Schedule Activity             |                 |                                   | ie Date    |            | Achieved   | Date                  |               |
| CROSS CON   | NECTION SURVEY REPORT         |                 | 3/                                | 1/2025     |            |            |                       |               |
|             | Wate                          | r System Facili | ity and Sampling P                | Point Ir   | nvento     | ſY         |                       |               |
| Water       |                               |                 |                                   |            | Total      | Lead and   |                       |               |
| -           | Nater System Facility         |                 | Sampling Point                    |            | Coliform   | Copper     | <b>A</b> - <b>b b</b> | Stage         |
| Facility ID |                               | ID              | Description                       | Status     |            | Rule Lier  | Asbestos              | WQP 2 DBP     |
| 00600 1     | DISTRIBUTION SYSTEM           | 4               | DISTRIBUTION SYSTEM               | A          | Y          |            | .,                    |               |
|             |                               |                 | BAR SNK SMAL BAR TRP              | A          | Y          | 2          | Y                     |               |
|             |                               |                 | WITHIN 5 SERVICE CON              | A          |            | _          |                       |               |
|             |                               |                 | HAND SNK LG BAR R                 | A          | Y          | 2          | Y                     |               |
|             |                               |                 | HAND SINK LG BAR L                | A          | Y          | 2          | Y                     |               |
|             |                               | KSHS            | KIT HAND SNK                      | A          | Y          | 2          | Y                     |               |
|             |                               | KSS             | KIT SNK SINGLE                    | A          | Y          | 2          | Y                     |               |
|             |                               | KSTSBACK        | KIT SNK TRPL BACK                 | A          | Y          | 2          | Y                     |               |
|             |                               | KSTSFRONT       | KIT SNK TRPL FRONT                | A          | Y          | 2          | Y                     |               |
|             |                               | RRH001          | KIT HAND SNK BACK                 | A          | Y          | 2          | Y                     |               |
|             |                               | RRH002          | KIT HAND SNK FRONT                | A          | Y          | 2          | Y                     |               |
|             |                               | RRH003          | KIT SINGLE SNK BACK               | A          | Y          | 2          | Y                     |               |
|             |                               | RRH004          | KIT SINGLE SNK FRONT              | Α          | Y          | 2          | Y                     |               |
|             |                               | RRH005          | BAR SINK TRIPLE                   | А          | Y          | 2          | Y                     |               |
|             |                               | RRH006          | BAR HAND SINK                     | Α          | Y          | 2          | Y                     |               |

|                 |                   |     | 0           |         |      |             |             |            |              |
|-----------------|-------------------|-----|-------------|---------|------|-------------|-------------|------------|--------------|
| PWS ID          | PWS Name          |     |             |         | Clas | ssification | Population  | Owner Type | Primary Sou  |
| CT1170204       | REDDING ROAD HOL  | JSE |             |         |      | NC          | 25          | Р          | GW           |
| Local Address ( | where applicable) |     | Service     | Residen | tial | Commerci    | al Industri | al Combine | ed Agricultu |
| 406 REDDING F   | OAD               |     | Connections |         |      |             |             | 4          |              |
| Towns Served:   | REDDING           |     |             |         |      |             | ·           |            |              |

|             |            | V            | Vater Sy | ystem Faci    | ility and S  | Sampling P   | oint Ir | vento      | ſy        |           |       |        |
|-------------|------------|--------------|----------|---------------|--------------|--------------|---------|------------|-----------|-----------|-------|--------|
| Water       |            |              |          |               |              |              |         | Total      | Lead and  |           |       |        |
| System      | Water Sys  | tem Facility |          | Sampling Poin | t Sampling   | Point        |         | Coliform   | Copper    |           |       | Stage  |
| Facility ID |            |              |          | ID            | Descriptio   | n            | Status  | Rule       | Rule Tier | Asbestos  | WQP   | 2 DBPF |
|             |            |              |          | RRH007        | RR LADY R    | OOM          | А       | Y          | 2         | Y         |       |        |
|             |            |              |          | RRH008        | RR MENS      | RR           | А       | Y          | 2         | Y         |       |        |
|             |            |              |          | UPSTREAM      | WITHIN 5     | SERVICE CON  | А       |            |           |           |       |        |
| 00700       | ENTRY POI  | NT           |          | 3             | ENTRY PO     | INT          | А       |            |           |           |       |        |
| 59570       | WELL       |              |          | 2             | WELL         |              | А       |            |           |           |       |        |
| 62077       | UV TREATI  | VIENT        |          |               |              |              |         |            |           |           |       |        |
|             |            |              |          | Со            | ntact Info   | ormation     |         |            |           |           |       |        |
| Name        |            |              |          | (             | Organization |              |         |            |           | Job Title |       |        |
| Mr. Geoffr  | ey E. Walw | /orth        |          | I             | Roadhouse 4  | 06 LLC       |         | Ow         | ner       |           |       |        |
| Mailing Ad  | dress Line | One          |          | Mailing Addre | ess Line Two |              |         | Ci         | ty        | State     | Zip C | ode    |
| 248 Staple  | s Road     |              |          |               |              |              | Eas     | ston       |           | СТ        | 066   | 512    |
| Business    | Phone      | Extension    | Fax      | Mol           | bile Phone   | Emergency Pl | hone Em | ail Addres | SS        |           |       |        |

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

#### Please note the following:

203-395-0643

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.

gewalworth@hotmail.com

917-495-7534

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

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

|                      | Connecticut l            | Department of       | Public I      | Health       | Drin    | king V     | Nater Se      | ection     |               |
|----------------------|--------------------------|---------------------|---------------|--------------|---------|------------|---------------|------------|---------------|
|                      | Water                    | Quality Monit       | oring ar      | nd Com       | plia    | nce Sc     | hedule        |            |               |
| PWS ID               | PWS Name                 | <b>Q</b>            |               |              | *       |            |               | ner Type P | rimary Source |
| CT1170214            | 296 ETHAN ALLEN HI       | GHWAY - REDDING     |               |              | N       |            | 25            | P          | GW            |
| Local Address        | (where applicable)       |                     | Service       | Resident     | ial Cor | mmercial   | Industrial    | Combined   | Agricultural  |
| DAY'S INI            |                          |                     | Connections   |              |         | 1          |               |            |               |
| Towns Served:        |                          |                     |               |              |         |            |               |            |               |
|                      |                          | Monito              | oring Req     | uiremen      | nts     |            |               |            |               |
| Water Systen         | n Facility: DISTRIBUT    | FION SYSTEM (WSF II | D: 00600)     |              |         |            |               |            |               |
| <b>Total Colifor</b> | m (3100)                 |                     |               |              |         |            | 1 ro          | utine (RT) | per quarter   |
| Sampling             | Point (Sampling Point    | ID)                 |               | Monitorin    | g Perio | d Coll     | ection Period | Compl      | ance Status   |
| Select fro           | m Inventory of Active Sa | ampling Points      |               | 10/1/23 - 2  | 12/31/2 | 23         |               | Co         | mplete        |
|                      |                          |                     |               | 1/1/24 - 3   | 3/31/24 | 4          |               | Co         | omplete       |
|                      |                          |                     |               | 4/1/24 - 6   | 5/30/24 | 4          |               |            |               |
|                      |                          |                     |               | 7/1/24 - 9   | 9/30/24 | 4          |               |            |               |
| <b>Physical Para</b> | ameters (PPS)            |                     |               |              |         |            | 1 ro          | utine (RT) | per quarter   |
| Sampling             | Point (Sampling Point    | ID)                 |               | Monitorin    | g Perio | d Coll     | ection Period | Compl      | iance Status  |
| Select fro           | m Inventory of Active Sa | ampling Points      |               | 10/1/23 - 2  | 12/31/2 | 23         |               | Co         | omplete       |
|                      |                          |                     |               | 1/1/24 - 3   | 3/31/24 | 4          |               | Co         | omplete       |
|                      |                          |                     |               | 4/1/24 - 6   | 5/30/24 | 4          |               |            |               |
|                      |                          |                     |               | 7/1/24 - 9   | 9/30/24 | 4          |               |            |               |
| Water Systen         | n Facility: ENTRY PO     | INT (WSF ID: 00700) |               |              |         |            |               |            |               |
| Nitrate And          | Nitrite (NOX)            |                     |               |              |         |            | 1             | routine (I | RT) per year  |
| Sampling             | Point (Sampling Point    | ID)                 |               | Monitorin    | g Perio | d Coll     | ection Period | Compl      | iance Status  |
| ENTRY PC             | 0INT (3)                 |                     |               | 1/1/23 - 1   | 2/31/2  | 3          |               | Co         | omplete       |
|                      |                          |                     |               | 1/1/24 - 1   | 2/31/2  | 4          |               | Co         | omplete       |
|                      |                          |                     |               | 1/1/25 - 1   | 2/31/2  | 5          |               |            |               |
|                      | Wa                       | ter System Facili   | ty and Sa     | mpling I     | Point   | Invent     | tory          |            |               |
| Water                |                          |                     |               |              |         | Tota       |               | 1          |               |
| -                    | ter System Facility      | Sampling Point      |               | oint         |         | -          | rm Copper     |            | Stage         |
| Facility ID          |                          | ID                  | Description   |              | Stat    |            | e Rule Tiel   | r Asbestos | WQP 2 DBPR    |
| 00600 DIS            | TRIBUTION SYSTEM         | 4                   | DISTRIBUTIC   |              | A       |            |               |            |               |
|                      |                          | DOWNSTREAM          |               |              | A       |            |               |            |               |
| 00700 517            |                          | UPSTREAM            | WITHIN 5 SE   |              | A       |            |               |            |               |
|                      | RY POINT                 | 3                   | ENTRY POIN    | 1            | A       |            |               |            |               |
| 22031 WE             |                          | 2                   | WELL          |              | A       |            |               |            |               |
|                      |                          | Con                 | tact Infor    | mation       |         |            |               |            |               |
| Name                 |                          | Or                  | ganization    |              |         |            |               | Job Title  |               |
| Mr. Amarat Pa        | itel                     | Rid                 | dgefield Moto | or Inn, Inc. |         |            | President     |            |               |
| Mailing Addres       | ss Line One              | Mailing Address     | Line Two      |              |         |            | City          | State      | Zip Code      |
| 296 Ethan Alle       | n Highway                |                     |               |              |         | Ridgefield | ł             | СТ         | 06877         |
| Business Pho         | one Extension            | Fax Mobi            | e Phone E     | Emergency I  |         |            |               |            |               |
| 203-438-37           | 81 20                    | 03-431-6402         |               |              |         | amrat334   | 9@gmail.com   | n          |               |
| 1                    |                          | act, Legal Contact  |               |              |         |            |               |            |               |

|                   |                  | · · · ·   |              | 0            |          | 1     |            |              |            |                  |
|-------------------|------------------|-----------|--------------|--------------|----------|-------|------------|--------------|------------|------------------|
| PWS ID            | PWS Name         |           |              |              |          | Clas  | sification | Population   | Owner Type | e Primary Source |
| CT1170214         | 296 ETHAN ALLE   | N HIGHWAY | / - REDDING  |              |          |       | NC         | 25           | Р          | GW               |
| Local Address (w  | nere applicable) |           |              | Service      | Reside   | ntial | Commerc    | ial Industri | al Combin  | ned Agricultural |
| DAY'S INN         |                  |           |              | Connectio    | ons      |       | 1          |              |            |                  |
| Towns Served: R   | DDING            |           |              |              | I        | I     |            |              |            | !                |
| Name              |                  |           |              | Organization | 1        |       |            |              | Job Tit    | le               |
| 296 Ethan Allen I | Highway          |           |              |              |          |       |            |              |            |                  |
| Mailing Address I | ine One          |           | Mailing Addr | ess Line Two |          |       |            | City         | State      | Zip Code         |
| 296 Ethan Allen H | lighway          |           |              |              |          |       | Reddir     | ıg           | СТ         | 06877-6217       |
| Business Phone    | e Extension      | Fax       | Mo           | obile Phone  | Emergenc | y Pho | ne Email / | Address      |            |                  |
|                   |                  |           |              |              |          |       |            |              |            |                  |
| Contact Role(s):  | Legal Contact, C | Dwner     |              |              |          |       |            |              |            |                  |
| Diagon moto the f | allowing         |           |              |              |          |       |            |              |            |                  |

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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

|                |                     | ut Departme              |               |             |                |          |        | -         |            |        | tion        |                |
|----------------|---------------------|--------------------------|---------------|-------------|----------------|----------|--------|-----------|------------|--------|-------------|----------------|
|                | Wa                  | ter Quality N            | <i>l</i> onit | coring a    | ind Com        | plia     | nce    | e Sch     | nedule     | ć      |             |                |
| PWS ID         | PWS Name            |                          |               |             |                | Classifi | icatio | n Pop     | ulation (  | Owne   | er Type P   | rimary Source  |
| CT1170244      | 109 BLACK ROC       |                          |               |             |                | N        | -      |           | 48         |        | Р           | GW             |
|                | (where applicable)  |                          |               | Service     | Resident       | ial Co   | mme    | rcial     | Industria  | I C    | ombined     | Agricultural   |
| 109 BLACK RO   |                     |                          |               | Connectio   | ons            |          |        |           |            |        | 4           |                |
| Towns Served:  | REDDING             |                          |               |             |                |          |        |           |            |        |             |                |
|                |                     |                          |               | •           | quiremer       | nts      |        |           |            |        |             |                |
|                |                     | RIBUTION SYSTEM          | (WSF I        | D: 00600)   |                |          |        |           |            |        |             |                |
| Total Colifor  | • •                 |                          |               |             |                |          |        | ~ "       |            |        |             | per quarter    |
|                | Point (Sampling P   |                          |               |             | Monitorin      | -        |        | Collec    | ction Peri | od     |             | ance Status    |
| Select fro     | m Inventory of Act  | ive Sampling Points      |               |             | 10/1/23 -      |          |        |           |            |        | Co          | mplete         |
|                |                     |                          |               |             | 1/1/24 -       |          |        |           |            |        |             |                |
|                |                     |                          |               |             | 4/1/24 -       |          |        |           |            |        |             |                |
|                | (220)               |                          |               |             | 7/1/24 -       | 9/30/2   | 24     |           |            |        | • (5-7)     |                |
| -              | ameters (PPS)       |                          |               |             |                |          |        | ~ "       |            |        |             | per quarter    |
|                | Point (Sampling P   |                          |               |             | Monitorin      | -        |        | Collec    | ction Peri | od     |             | ance Status    |
| Select fro     | m Inventory of Act  | ive Sampling Points      |               |             | 10/1/23 -      |          |        |           |            |        | Co          | mplete         |
|                |                     |                          |               |             | 1/1/24 -       |          |        |           |            |        |             |                |
|                |                     |                          |               |             | 4/1/24 -       |          |        |           |            |        |             |                |
| Motor Custor   |                     |                          | 00700\        |             | 7/1/24 -       | 9/30/2   | 24     |           |            |        |             |                |
|                |                     | Y POINT (WSF ID:         | 00700)        |             |                |          |        |           |            | -      |             | 1              |
|                | Nitrite (NOX)       |                          |               |             |                |          |        | ~ "       |            |        | -           | RT) per year   |
|                | Point (Sampling P   | oint ID)                 |               |             | Monitorin      | -        |        | Collec    | tion Peri  | od     |             | ance Status    |
| ENTRY PC       | JINT (3)            |                          |               |             | 1/1/23 - 1     |          |        |           |            |        | Co          | mplete         |
|                |                     |                          |               |             | 1/1/24 - 1     |          |        |           |            |        |             |                |
|                |                     |                          |               |             | 1/1/25 - 1     |          | 25     |           |            |        |             |                |
|                |                     | <b>O</b>                 | ther C        | omplian     | ce Sched       | ules     |        |           |            |        |             |                |
| -              | hedule Activity     |                          |               |             | C              | Due Dat  | te     |           | Achiev     | ed D   | ate         |                |
| CROSS CONNE    | CTION EXEMPTION     | 1                        |               |             | 3              | 8/1/202  | 22     |           |            |        |             |                |
|                |                     | Water System             | n Facili      | ity and S   | Sampling       | Point    | t Inv  | /ento     | ory        |        |             |                |
| Water          |                     |                          |               |             |                |          |        | Total     | Lead a     | Ind    |             |                |
|                | ter System Facility |                          | -             | Sampling    |                |          | С      | oliforn   |            |        |             | Stage          |
| Facility ID    |                     |                          | D             | Descriptio  |                | Sta      | itus   | Rule      | Rule 1     | ier /  | Asbestos    | WQP 2 DBPF     |
| 00600 DIS      | TRIBUTION SYSTEM    |                          | 4             |             | ION SYSTEM     |          | A      | Y         |            |        |             |                |
|                |                     |                          |               |             | SERVICE CON    |          | A      |           |            |        |             |                |
|                |                     | UPST                     | REAM          |             | SERVICE CON    | A        | A      |           |            |        |             |                |
| 00700 ENT      | RY POINT            |                          | 3             | ENTRY PO    | INT            | A        | A      |           |            |        |             |                |
| 22034 WE       | LL 1                |                          | 2             | WELL        |                | A        | A      |           |            |        |             |                |
| 59552 ATN      | OSPHERIC STORA      | GE TANKS                 |               |             |                |          |        |           |            |        |             |                |
|                |                     |                          | Con           | tact Info   | ormation       |          |        |           |            |        |             |                |
| Name           |                     |                          | 0             | rganization |                |          |        |           |            |        | Job Title   |                |
| Mr. Steven Ro  | untos               |                          |               | ne Spinning | Wheel          |          |        |           |            |        |             |                |
| Mailing Addres |                     | Mailing                  |               | s Line Two  |                |          |        | (         | City       |        | State       | Zip Code       |
| 109 Black Rock |                     |                          |               |             |                |          | Redo   |           |            |        | СТ          | 06896          |
| Business Pho   |                     | Fax                      | Mobi          | ile Phone   | Emergency      | Phone    |        | -         | ess        |        | 1 1         |                |
| 203-257-44     |                     | 203-612-3593             | 203-2         | 257-4491    |                |          |        |           | gwheelct   | @gm    | ail.com     |                |
|                |                     | Contact, Legal Cont      |               |             | 1              |          |        |           |            | ~      |             |                |
|                | -                   | ed to help owners and on |               |             | ustems maintai | n comnli | ancew  | uith drin | king water | avali+ | v monitorin | a requiremente |

| PWS ID           | PWS Name                |         |         | Cla   | ssification | Population  | Owner Type | Primary Source  |
|------------------|-------------------------|---------|---------|-------|-------------|-------------|------------|-----------------|
| CT1170244        | 109 BLACK ROCK TNPK     |         |         |       | NC          | 48          | Р          | GW              |
| Local Address (w | vhere applicable)       | Service | Resider | ntial | Commerci    | al Industri | al Combine | ed Agricultural |
| 109 BLACK ROCH   | 109 BLACK ROCK TURNPIKE |         |         |       |             |             | 4          |                 |
| Towns Served: F  | REDDING                 | ·       |         |       |             |             |            |                 |

### 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

|                           | Connecticut Departm                     | ent of Public H        | lealth D          | rinkin   | g Water       | r Se   | ction   |
|---------------------------|---|------------------------|-------------------|----------|---------------|--------|---|
|                           | Water Quality                           | Monitoring an          | d Comp            | liance   | Schedu        | le     |   |
| PWS ID                    | PWS Name                                |                        |                   |          |               |        | ner Type Primary Sou                          |
| CT1170254                 | ST PATRICKS CHURCH                      |                        |                   | NC       | 25            |        | P GW  |
| Local Address             | (where applicable)                      | Service                | Residential       | Commerc  | ial Industr   | ial    | Combined Agricultu                            |
| 179 BLACK RO              | CK TURNPIKE                             | Connections            |                   | 1        |               |        |   |
| Towns Served:             | : REDDING                               |                        | I                 | 1        |               |        |   |
|                           |   | <b>Monitoring Requ</b> | irements          | ;        |               |        |   |
| Water Syster              | m Facility: DISTRIBUTION SYSTEM         |                        |                   |          |               |        |   |
| Total Colifor<br>Sampling | rm (3100)<br>Point (Sampling Point ID)  |                        | Monitoring I      | Period ( | Collection Pe |        | utine (RT) per mon<br><i>Compliance Statu</i> |
|                           | om Inventory of Active Sampling Point   |                        | 11/1/23 - 11/     |          |               |        | Complete                                      |
|                           | , |                        | <br>12/1/23 - 12/ |          |               |        | Complete                                      |
|                           |   |                        | 1/1/24 - 1/3      |          |               |        | Complete                                      |
|                           |   |                        | 2/1/24 - 2/2      |          |               |        | Complete                                      |
|                           |   |                        | 3/1/24 - 3/3      |          |               |        | Complete                                      |
|                           |   |                        | 4/1/24 - 4/3      |          |               |        | piece   |
|                           |   |                        | 5/1/24 - 5/3      |          |               |        |   |
|                           |   |                        | 6/1/24 - 6/3      |          |               |        |   |
|                           |   |                        | 7/1/24 - 7/3      |          |               |        |   |
|                           |   |                        | 8/1/24 - 8/3      |          |               |        |   |
|                           |   |                        | 9/1/24 - 9/3      |          |               |        |   |
|                           |   |                        | 10/1/24 - 10/     |          |               |        |   |
| Physical Para             | ameters (PPS)                           |                        |                   |          |               | 1 ro   | utine (RT) per mon                            |
| Sampling                  | Point (Sampling Point ID)               |                        | Monitoring I      | Period ( | Collection Pe | eriod  | Compliance Statu                              |
| Select fro                | om Inventory of Active Sampling Point   | S                      | 11/1/23 - 11/     | /30/23   |               |        | Complete                                      |
|                           |   |                        | 12/1/23 - 12/     | /31/23   |               |        | Complete                                      |
|                           |   |                        | 1/1/24 - 1/3      | 1/24     |               |        | Complete                                      |
|                           |   |                        | 2/1/24 - 2/2      | 9/24     |               |        | Complete                                      |
|                           |   |                        | 3/1/24 - 3/3      | 1/24     |               |        | Complete                                      |
|                           |   |                        | 4/1/24 - 4/3      | 0/24     |               |        |   |
|                           |   |                        | 5/1/24 - 5/3      | 1/24     |               |        |   |
|                           |   |                        | 6/1/24 - 6/3      | 0/24     |               |        |   |
|                           |   |                        | 7/1/24 - 7/3      | 1/24     |               |        |   |
|                           |   |                        | 8/1/24 - 8/3      | 1/24     |               |        |   |
|                           |   |                        | 9/1/24 - 9/3      | 0/24     |               |        |   |
|                           |   |                        | 10/1/24 - 10/     | /31/24   |               |        |   |
| Nater Systen              | m Facility: ENTRY POINT (WSF ID         | ): 00700)              |                   |          |               |        |   |
| Nitrate And               | Nitrite (NOX)                           |                        |                   |          |               | 1      | routine (RT) per ye                           |
| Sampling                  | Point (Sampling Point ID)               |                        | Monitoring I      | Period   | Collection Po | eriod  | Compliance Statu                              |
| ENTRY PC                  | DINT (3)                                |                        | 1/1/23 - 12/      | 31/23    |               |        | Complete                                      |
|                           |   |                        | 1/1/24 - 12/      | 31/24    |               |        |   |
|                           |   |                        | 1/1/25 - 12/      | 31/25    |               |        |   |
|                           | C                                       | Other Compliance       | Schedul           | es       |               |        |   |
| Compliance Sc             | chedule Activity                        |                        | Due               | Date     | Achi          | eved   | Date  |
| RESPOND TO S              | SANITARY SURVEY                         |                        | 12/13             | 3/2020   |               |        |   |
|                           | Put                                     | olic Notification R    | equirem           | ents     |               |        |   |
| Relation                  |   | Compliance             | Notice            |          | lotification  |        | PN Certification                              |
| Violation/Situ            | ιατιοη                                  | Period                 | Tier              | Doguinod | Doufound      | od   D | ue to DPH Receive                             |

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

| PWS ID          | PWS Name                             |                   |         |      | ssification | Population  | Owner Type | <b>Primary Source</b> |
|-----------------|--------------------------------------|-------------------|---------|------|-------------|-------------|------------|-----------------------|
| CT1170254       | ST PATRICKS CHURCH                   |                   |         |      | NC          | 25          | Р          | GW                    |
| Local Address ( | where applicable)                    | Service           | Residen | tial | Commercia   | al Industri | al Combine | ed Agricultural       |
| 179 BLACK ROC   | CK TURNPIKE                          | Connections       |         |      | 1           |             |            |                       |
| Towns Served:   | REDDING                              |                   |         |      |             |             |            |                       |
| E. Coli         |                                      | 5/10/19 - 9/22/19 | 3       |      | 6/4/2020    |             | 6/14/2020  | 0                     |
| Physical Param  | hysical Parameters M&R Violation 1/1 |                   |         | -    | 12/21/2023  |             | 12/31/202  | 23                    |

## Water System Facility and Sampling Point Inventory

| 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  | А      | Y        |                    |            |
|             |                       | DOWNSTREAM     | WITHIN 5 SERVICE CON | А      |          |                    |            |
|             |                       | SPC001         | PARISH CTR KIT SINK  | А      | Y        | Y                  |            |
|             |                       | SPC002         | P CTR RR LADY RM     | А      | Y        | Y                  |            |
|             |                       | SPC003         | P CTR RR LADY RM     | А      | Y        | Y                  |            |
|             |                       | SPC004         | CHURCH MENS RM L     | А      | Y        |                    |            |
|             |                       | SPC005         | CHURCH MENS RM R     | А      | Y        |                    |            |
|             |                       | SPC006         | CHURCH LADIES RM L   | А      | Y        |                    |            |
|             |                       | SPC007         | CHURCH LADIES RM R   | А      | Y        |                    |            |
|             |                       | SPC008         | CHURCH VESTING RM    | А      | Y        |                    |            |
|             |                       | SPC009         | CHURCH FLOWER ROOM   | А      | Y        |                    |            |
|             |                       | SPC010         | VESTING ROOM         | А      | Y        |                    |            |
|             |                       | SPC011         | FLOWER ROOM          | А      | Y        |                    |            |
|             |                       | UPSTREAM       | WITHIN 5 SERVICE CON | А      |          |                    |            |
| 00700       | ENTRY POINT           | 3              | ENTRY POINT          | А      |          |                    |            |
| 22035       | WELL 1                | 2              | WELL 1               | А      |          |                    |            |
| 52915       | WELL 2                | 2              | WELL 2               | А      |          |                    |            |
| 57104       | TREATMENT PLANT       |                |                      |        |          |                    |            |

#### **Contact Information** Organization Name Job Title Father Joseph Cervero St. Patrick's Church Pastor Mailing Address Line One Mailing Address Line Two City State Zip Code 169 Black Rock Turnpike P.O. Box 119 **Redding Ridge** CT 06876-0119 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 203-938-2253 203-938-3396 fj203@optimum.net

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

## 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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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                                     | <b>^</b>        |               |              |                        | 0                 |               |       | ction                 |                              |           |
|-----------------|--|-----------------|---------------|--------------|------------------------|-------------------|---------------|-------|-----------------------|------------------------------|-----------|
| DIA/C ID        |  | uality Monit    | oring and     |              |                        |                   |               |       | T.                    | During                       |           |
| PWS ID          | PWS Name   |                 |               | Cla          |                        |                   |               | Own   | er Type               |                              |           |
| CT1170274       |  |                 | Service       | Residential  | NC<br>Comm             |                   | 25<br>ndustri |       | P<br>Combine          | G<br>d Agri                  |           |
| 72 TOPSTC       | ress (where applicable)                            |                 | Connections   | Residential  | Comm<br>1              |                   | naustri       | ai    | Compine               | a Agri                       | icultural |
|                 | ved: REDDING                                       |                 |               |              | <b>1</b>               | <u> </u>          |               |       |                       |                              |           |
| Towns Ser       |  | Monit           | oring Requ    | iromonte     | •                      |                   |               |       |                       |                              |           |
| Water Sys       | stem Facility: <b>DISTRIBUTIO</b>                  |                 |               | irements     | >                      | _                 | _             |       | _                     | _                            |           |
| Total Col       | iform (3100)                                       |                 |               |              |                        |                   |               | 1 roı | utine (R <sup>.</sup> | Г) per r                     | nonth     |
|                 | ling Point (Sampling Point ID)                     |                 | 1             | Monitoring I |                        | Collec            | tion Pe       | riod  | Сотр                  | liance S                     | Status    |
| Select          | t from Inventory of Active Samp                    | ling Points     |               | 5/1/24 - 5/3 |                        |                   |               |       |                       |                              |           |
|                 |  |                 |               | 6/1/24 - 6/3 | -                      |                   |               |       |                       |                              |           |
|                 |  |                 |               | 7/1/24 - 7/3 |                        |                   |               |       |                       |                              |           |
|                 |  |                 |               | 8/1/24 - 8/3 |                        |                   |               |       |                       |                              |           |
| Dhusiaal        | Daramatora (DDC)                                   |                 |               | 9/1/24 - 9/3 | 30/24                  |                   |               | 1     | iting (D              |                              | manth     |
| -               | Parameters (PPS)<br>Ding Point (Sampling Point ID) |                 | 1             | Monitoring I | Period                 | Collec            | tion Pe       |       | utine (R <sup>.</sup> | i ) per r<br><i>liance</i> S |           |
|                 | t from Inventory of Active Samp                    | ling Points     |               | 5/1/24 - 5/3 |                        | conec             | cion r el     | nou   | comp                  | munice s                     | nutus     |
| 501001          | t nom inventory of Active Sump                     |                 |               | 6/1/24 - 6/3 |                        |                   |               |       |                       |                              |           |
|                 |  |                 |               | 7/1/24 - 7/3 |                        |                   |               |       |                       |                              |           |
|                 |  |                 |               | 8/1/24 - 8/3 |                        |                   |               |       |                       |                              |           |
|                 |  |                 |               | 9/1/24 - 9/3 |                        |                   |               |       |                       |                              |           |
| Water Sys       | stem Facility: ENTRY POINT                         | (WSF ID: 00700) |               |              |                        |                   |               |       |                       |                              |           |
| Nitrate A       | And Nitrite (NOX)                                  |                 |               |              |                        |                   |               | 11    | routine               | (RT) pe                      | er year   |
| Samp            | ling Point (Sampling Point ID)                     |                 | 1             | Monitoring I | Period                 | Collec            | tion Pe       | riod  | Сотр                  | liance S                     | Status    |
| ENTR            | Y POINT (3)  |                 |               | 1/1/23 - 12/ | 31/23                  |                   |               |       | (                     | Complet                      | e         |
|                 |  |                 |               | 1/1/24 - 12/ | 31/24                  |                   |               |       |                       |                              |           |
|                 |  |                 |               | 1/1/25 - 12/ | 31/25                  |                   |               |       |                       |                              |           |
| Water Sys       | stem Facility: WELL (WSF II                        | D: 22037)       |               |              |                        |                   |               |       |                       |                              |           |
| E. Coli (3      | •  |                 |               |              |                        |                   |               |       | utine (R <sup>.</sup> |                              |           |
|                 | ling Point (Sampling Point ID)                     |                 |               | Monitoring I |                        | Collec            | tion Pe       | riod  | Сотр                  | liance S                     | Status    |
| WELL            | . (2)  |                 |               | 5/1/24 - 5/3 |                        |                   |               |       |                       |                              |           |
|                 |  |                 |               | 6/1/24 - 6/3 |                        |                   |               |       |                       |                              |           |
|                 |  |                 |               | 7/1/24 - 7/3 |                        |                   |               |       |                       |                              |           |
|                 |  |                 |               | 8/1/24 - 8/3 |                        |                   |               |       |                       |                              |           |
|                 |  | Other C         |               | 9/1/24 - 9/3 | -                      |                   |               |       |                       |                              |           |
| Compliant       | so Schodulo Activity                               | Other Co        | ompliance     |              |                        |                   | Achi-         | und ! | Data                  |                              |           |
| -               | se Schedule Activity                               |                 |               |              | e <b>Date</b><br>/2024 |                   | Achie         | vea L | Jule                  |                              |           |
| JLAJUNAL        |  | r System Facili | ity and San   |              |                        | wento             | rv            |       |                       |                              |           |
| Mator           | vvale  | System ratili   | ity and San   |              | mit m                  |                   | -             | and   |                       |                              |           |
| Water<br>System | Water System Facility                              | Sampling Point  | Samplina Poir | t            |                        | Total<br>Coliform | Lead<br>Cop   |       |                       |                              | Stage     |
| Facility ID     |  | ID              | Description   |              | Status                 | Rule              |               |       | Asbesto               | s WQP                        |           |
|                 | DISTRIBUTION SYSTEM                                | 4               | DISTRIBUTION  | SYSTEM       | A                      | Y                 |               |       |                       |                              |           |
|                 |  | DOWNSTREAM      | WITHIN 5 SER  | VICE CON     | А                      |                   |               |       |                       |                              |           |
|                 |  |                 |               |              |                        |                   |               |       |                       |                              |           |
|                 |  | TTP001          | RR GENERIC R  | R            | A                      | Y                 |               |       | Y                     |                              |           |

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT1170274 TOPSTONE TOWN PARK NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 72 TOPSTONE ROAD 1 Towns Served: REDDING Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facilitv ID Rule Rule Tier Asbestos WQP 2 DBPR Status UPSTREAM WITHIN 5 SERVICE CON Δ 00700 ENTRY POINT 3 ENTRY POINT A WELI 2 22037 WELL Α 60957 TREATMENT PLANT **Contact Information** Name Organization Job Title Mr. Robert S. Blick Parks & Recreation Dept. Mailing Address Line One Mailing Address Line Two Zip Code City State P O Box 1071 Redding 06896 СТ Emergency Phone Email Address **Business Phone** Extension Fax Mobile Phone 203-938-2551 6 203-938-1071 RBLICK@TOWNOFREDDINGCT.ORG 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

|                      | Connecticut Departm                   |  |                           |             | <u> </u>    |              |             | 1     |              |
|----------------------|---------------------------------------|--|---------------------------|-------------|-------------|--------------|-------------|-------|--------------|
|                      | Water Quality I                       | Monitoring and   | d Com                     | plian       | <u>ce</u> S | chedul       | e           |       |              |
| PWS ID               | PWS Name                              |  |                           | Classifica  | ition       | Population   | Owner Typ   | e Pr  | imary Source |
| CT1170314            | 2 LONG RIDGE ROAD                     |  |                           | NC          |             | 25           | Р           |       | GW           |
| Local Address (      | where applicable)                     | Service  | Resident                  | ial Com     | mercia      | l Industria  | al Combi    | ned   | Agricultural |
|                      |                                       | Connections  |                           |             | 1           |              |             |       |              |
| Towns Served:        | REDDING                               |  |                           |             |             |              |             |       |              |
|                      |                                       | <b>Monitoring Requ</b>   | iremer                    | nts         |             |              |             |       |              |
| Water System         | n Facility: DISTRIBUTION SYSTEM       | I (WSF ID: 00600)  |                           |             |             |              |             |       |              |
| <b>Total Colifor</b> | m (3100)                              |  |                           |             |             | 1            | 1 routine ( | RT)   | per month    |
| Sampling             | Point (Sampling Point ID)             |  | Monitorin                 | g Period    | Co          | llection Per | riod Cor    | nplio | ince Status  |
| Select fro           | m Inventory of Active Sampling Points | -  | 11/1/23 - 1               | 11/30/23    | }           |              |             | Со    | nplete       |
|                      |                                       | -  | 12/1/23 - 1               | 12/31/23    | 3           |              |             | Со    | nplete       |
|                      |                                       |  | 1/1/24 - 1                | 1/31/24     |             |              |             | Со    | nplete       |
|                      |                                       |  | 2/1/24 - 2                |             |             |              |             |       | nplete       |
|                      |                                       |  | 3/1/24 - 3                |             |             |              |             | Со    | nplete       |
|                      |                                       |  | 4/1/24 - 4                |             |             |              |             |       |              |
|                      |                                       |  | 5/1/24 - !                |             |             |              |             |       |              |
|                      |                                       |  | 6/1/24 - 0                | · · ·       |             |              |             |       |              |
|                      |                                       |  | 7/1/24 - 1                |             |             |              |             |       |              |
|                      |                                       |  | 8/1/24 - 8                |             |             |              |             |       |              |
|                      |                                       |  | 9/1/24 - 9                |             |             |              |             |       |              |
|                      |                                       |  | 10/1/24 - :               | 10/31/24    | ŀ           |              |             |       |              |
| •                    | ameters (PPS)                         |  |                           | _           |             |              | -           | -     | per month    |
|                      | Point (Sampling Point ID)             |  | Monitorin                 | -           |             | llection Per | riod Cor    | -     | ince Status  |
| Select from          | m Inventory of Active Sampling Points |  | 11/1/23 - :               |             |             |              |             |       | nplete       |
|                      |                                       |  | 12/1/23 - 1               |             | 5           |              |             |       | nplete       |
|                      |                                       |  | 1/1/24 - 3                |             |             |              |             |       | nplete       |
|                      |                                       |  | 2/1/24 - 2                |             |             |              |             |       | nplete       |
|                      |                                       |  | 3/1/24 - 3                |             |             |              |             | CO    | nplete       |
|                      |                                       |  | 4/1/24 - 4                |             |             |              |             |       |              |
|                      |                                       |  | 5/1/24 - 1<br>6/1/24 - 1  |             |             |              |             |       |              |
|                      |                                       |  | 7/1/24 - 1                |             |             |              |             |       |              |
|                      |                                       |  | 8/1/24 - 8                |             |             |              |             |       |              |
|                      |                                       |  | 9/1/24 - 9                |             |             |              |             |       |              |
|                      |                                       |  | 9/1/24 - 1<br>10/1/24 - 1 |             |             |              |             |       |              |
| Water System         | n Facility: ENTRY POINT (WSF ID       |  |                           | -0, 5 1, 2- | •           |              |             |       |              |
|                      | Nitrite (NOX)                         |  |                           |             |             |              | 1 routin    | e (R  | T) per year  |
|                      | Point (Sampling Point ID)             |  | Monitorin                 | g Period    | Co          | llection Per |             | -     | ince Status  |
| ENTRY PO             |                                       |  | 1/1/23 - 1                | -           |             |              |             | -     | nplete       |
|                      |                                       |  | 1/1/24 - 1                |             |             |              |             |       |              |
|                      |                                       |  | 1/1/25 - 1                |             |             |              |             |       |              |
|                      | Pub                                   | lic Notification R   | equire                    | ments       |             |              |             |       |              |
|                      |                                       | Compliance   | Notice                    |             |             | tification   | PN          | Cert  | fication     |
| Violation/Situe      | ation                                 | Period   | Tier                      | Requ        |             | Performed    |             |       | Received     |
| Total Coliform       | M&R Violation                         | 4/1/22 - 4/30/22   | 3                         | 11/9/       |             |              | 11/19/2     | 023   |              |
| Physical Param       | eters M&R Violation                   | 4/1/22 - 4/30/22   | 3                         | 11/9/       | 2023        |              | 11/19/2     | 023   |              |
| Total Coliform       | M&R Violation                         | 3/1/22 - 3/31/22   | 3                         | 11/9/       | 2023        |              | 11/19/2     | 023   |              |
|                      |                                       | and the second sec |                           |             |             |              |             |       |              |

|                      |            | wat              | er Quality       | / Monit           | coring ai                  | nd Com     | ipli  | ance So      | chedule     | )<br>)     |                    |
|----------------------|------------|------------------|------------------|-------------------|----------------------------|------------|-------|--------------|-------------|------------|--------------------|
| PWS ID               | P۱         | NS Name          |                  |                   |                            |            | Class | sification P | opulation ( | Owner Type | Primary Sour       |
| CT117031             | 4 2        | LONG RIDGE RC    | AD               |                   |                            |            |       | NC           | 25          | Р          | GW                 |
| ocal Addı            | ess (whe   | ere applicable)  |                  |                   | Service                    | Resident   | tial  | Commercial   | Industria   | Combine    | d Agricultur       |
|                      |            |                  |                  |                   | Connection                 | S          |       | 1            |             |            |                    |
| Towns Ser            | ved: RED   | DING             |                  |                   |                            |            |       |              |             |            |                    |
|                      |            |                  | Ρι               | ublic Not         | tification                 | Require    | me    | nts          |             |            |                    |
|                      |            |                  |                  | C                 | Compliance                 | Notice     |       | Public Not   | ification   | PN Ce      | <u>rtification</u> |
| /iolation/           |            |                  |                  |                   | Period                     | Tier       |       | Required     | Performed   |            |                    |
| Physical Pa          | arametei   | rs M&R Violation |                  |                   | /22 - 3/31/22              |            |       | 1/9/2023     |             | 11/19/202  | 3                  |
|                      |            | 1                | Nater Syste      | em Facil          | ity and Sa                 | mpling     | Poi   | nt Inven     | tory        |            |                    |
| Water                | 14/        | Sector Fredding  | 6                |                   | Committee D                |            |       | Toto         |             |            |                    |
| System               |            | System Facility  | Sam              | pling Point<br>ID | Sampling Po<br>Description | DINT       |       | Colifo       |             |            | Stag               |
| Facility ID<br>00600 |            | UTION SYSTEM     |                  | 2LR001            | KIT SNK TRP                |            | S     | lulus        |             |            | s WQP 2 DBI        |
| 00000                | סואוכוט    |                  |                  | 2LR001<br>2LR002  | KIT SNK TRP                |            |       | A Y<br>A Y   |             | Y<br>Y     |                    |
|                      |            |                  |                  | 2LR002            | RR DELI                    |            |       | A I<br>A Y   |             | Y          |                    |
|                      |            |                  |                  | 2LR003            | RR PIZZA                   |            |       | A Y          |             | Y          |                    |
|                      |            |                  |                  | 2LR005            | HAND SNK                   | PI77A      |       | A Y          |             | Ŷ          |                    |
|                      |            |                  |                  | 2LR006            | KIT SNK TRP                |            |       | A Y          |             | Ŷ          |                    |
|                      |            |                  |                  | 2LR007            | SERVER STA                 | T H SNK PZ |       | A Y          |             | Y          |                    |
|                      |            |                  |                  | 2LR008            | HAIR SALON                 | I RR       |       | A Y          |             |            |                    |
|                      |            |                  |                  | 2LR009            | BARBER SHO                 | OP RR      |       | A Y          |             |            |                    |
|                      |            |                  |                  | 2LR010            | DENTIST OF                 | FICE RR    |       | A Y          |             |            |                    |
|                      |            |                  |                  | 2LR011            | LIQUOR STO                 | RE RR      |       | A Y          |             |            |                    |
|                      |            |                  |                  | 4                 | DISTRIBUTIO                | ON SYSTEM  |       | A Y          |             |            |                    |
|                      |            |                  | DO               | WNSTREAM          | WITHIN 5 SI                | RVICE CON  | l     | А            |             |            |                    |
|                      |            |                  | U                | PSTREAM           | WITHIN 5 SI                | RVICE CON  | l     | А            |             |            |                    |
| 00700                | ENTRY F    | POINT            |                  | 3                 | ENTRY POIN                 | IT         |       | А            |             |            |                    |
| 22041                | WELL       |                  |                  | 2                 | WELL                       |            |       | Α            |             |            |                    |
|                      |            |                  |                  | Con               | tact Info                  | rmation    |       |              |             |            |                    |
| Name                 |            |                  |                  | 0                 | rganization                |            |       |              |             | Job Title  |                    |
| Vr. John I           | D. Wanat   | t                |                  |                   |                            |            |       |              |             |            |                    |
| Mailing Ac           | ldress Lir | ne One           | Mai              | iling Addres      | s Line Two                 |            |       |              | City        | State      | Zip Code           |
| Long Rid             | ge Road    | P.O.Box 75       |                  |                   |                            |            |       | West Red     | dding       | СТ         | 06896              |
| Business             | Phone      | Extension        | Fax              | Mob               | ile Phone                  | Emergency  | Phor  | ne Email Ad  | dress       |            |                    |
| 203-93               |            |                  | 203-938-2969     |                   |                            | 203-938-   | 3771  | kingpole     | ac@aol.con  | า          |                    |
| Contact Ro           | ole(s): A  | dministrative C  | ontact, Legal Co | ontact, Owi       | ner                        |            |       |              |             |            |                    |

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                        | *            |                    |                          |          | 0              |                           |                 |
|-----------------|---------------------------------------|--------------|--------------------|--------------------------|----------|----------------|---------------------------|-----------------|
|                 | Water Q                               | uality Mo    | nitoring an        | d Com                    | olianc   | e Schedu       | le                        |                 |
| PWS ID          | PWS Name                              |              | 0                  |                          |          |                |                           | Primary Source  |
| CT117034        | 4 PUTNAM MEMORIAL S.                  | P./YOUTH GRO | UP WELL            |                          | NC       | 25             | S                         | GW              |
| Local Add       | ress (where applicable)               |              | Service            | Residentia               | al Comm  | ercial Industr | ial Combin                | ed Agricultural |
| 792 BLAC        | K ROCK TURNPIKE                       |              | Connections        | 1                        |          |                |                           |                 |
| Towns Sei       | rved: REDDING                         |              |                    |                          |          |                |                           |                 |
|                 |                                       | Mo           | onitoring Requ     | liremen                  | ts       |                |                           |                 |
| Water Sy        | stem Facility: DISTRIBUTIC            | N SYSTEM (V  | VSF ID: 00600)     |                          |          |                |                           |                 |
| <b>Total Co</b> | liform (3100)                         |              |                    |                          |          |                | 1 routine (R <sup>.</sup> | Г) per quarter  |
| Sam             | pling Point (Sampling Point ID)       |              |                    | Monitoring               | g Period | Collection Pe  | eriod Com                 | pliance Status  |
| Selec           | ct from Inventory of Active Sam       | pling Points |                    | 10/1/23 - 1              |          |                |                           | Complete        |
|                 |                                       |              |                    | 4/1/24 - 6               |          |                |                           |                 |
|                 |                                       |              |                    | 7/1/24 - 9               | /30/24   |                |                           |                 |
| -               | Parameters (PPS)                      |              |                    |                          |          |                | -                         | Г) per quarter  |
|                 | pling Point (Sampling Point ID)       |              |                    | Monitoring               |          | Collection Pe  |                           | pliance Status  |
| Selec           | ct from Inventory of Active Sam       | pling Points |                    | 10/1/23 - 1              |          | 10/1-11/1      | 15                        | Complete        |
|                 |                                       |              |                    | 4/1/24 - 6<br>7/1/24 - 9 |          |                |                           |                 |
| Water Sv        | stem Facility: ENTRY POIN             |              | 700)               | 7/1/24-9                 | /50/24   |                |                           |                 |
|                 | And Nitrite (NOX)                     |              | 7007               |                          |          |                | 1 routine                 | (RT) per year   |
|                 | pling Point (Sampling Point ID)       |              |                    | Monitoring               | a Period | Collection Pe  |                           | pliance Status  |
| -               | RY POINT (3)                          |              |                    | 1/1/23 - 12              | -        |                |                           | Complete        |
|                 |                                       |              |                    | 1/1/24 - 12              |          |                |                           | •               |
|                 |                                       |              |                    | 1/1/25 - 12              | 2/31/25  |                |                           |                 |
|                 |                                       | Oth          | er Compliance      | Schedu                   | les      |                |                           |                 |
| Complian        | ce Schedule Activity                  |              |                    |                          | le Date  | Achi           | eved Date                 |                 |
| -               | TO SANITARY SURVEY                    |              |                    | 11/                      | 22/2007  |                |                           |                 |
|                 |                                       | Public       | Notification R     | equiren                  | nents    |                |                           |                 |
|                 |                                       |              | Compliance         | Notice                   | 1        | c Notification | PN C                      | ertification    |
| Violation,      | /Situation                            |              | Period             | Tier                     | Requir   |                |                           |                 |
| Physical P      | arameters M&R Violation               |              | 4/1/23 - 6/30/23   | 3                        | 11/23/2  | 024            | 12/3/202                  | 24              |
| Total Coli      | form M&R Violation                    |              | 4/1/23 - 6/30/23   | 3                        | 11/23/2  | 024            | 12/3/202                  | 24              |
|                 | Wate                                  | er System F  | acility and Sar    | npling P                 | oint In  | ventory        |                           |                 |
| Water           |                                       |              |                    |                          |          | Total Lead     | l and                     |                 |
| System          | Water System Facility                 |              | Point Sampling Poi | nt                       |          |                | oper                      | Stage           |
| Facility ID     |                                       | ID           | Description        |                          | Status   |                | e Tier Asbest             | os WQP 2 DBPF   |
| 00600           | DISTRIBUTION SYSTEM                   | 101          |                    |                          | A        | Y              |                           |                 |
|                 |                                       |              |                    |                          | A        | Y              |                           |                 |
|                 |                                       | UPSTRE       | EAM WITHIN 5 SEF   |                          | A<br>A   |                |                           |                 |
| 00700           | ENTRY POINT                           | 0PSTRE/<br>3 | ENTRY POINT        |                          | A        |                |                           |                 |
| 22732           |                                       | 2            | WELL               |                          | A A      |                |                           |                 |
| 22752           |                                       |              | Contact Infor      | nation                   |          |                |                           |                 |
| Name            |                                       |              | Organization       | nation                   |          |                | Job Titl                  | e               |
| Mr. David       | l Coolev                              |              | Deep-Engineerin    | g Unit                   |          | Supy Civi      | l Engineer                |                 |
|                 | ddress Line One                       | Mailing A    | dress Line Two     | 0                        |          | City           | State                     | Zip Code        |
| 163 Great       |                                       |              |                    |                          | Por      | tland          | СТ                        | 06480           |
|                 | information has been provided to belo |              |                    |                          |          |                | _                         |                 |

|                         |                  |                     |          | 0       |          |               |              |            |           |          |         |
|-------------------------|------------------|---------------------|----------|---------|----------|---------------|--------------|------------|-----------|----------|---------|
| PWS ID                  | PWS Name         |                     |          |         | Cla      | ssification P | opulation    | Owner Type | Primary S | Source   |         |
| СТ1170344               | PUTNAM MEMO      | ORIAL S.P./YOUTH G  | ROUP W   | ELL     |          |               | NC           | 25         | S         | GW       | /       |
| Local Address (w        | here applicable) |                     |          | Service | Reside   | ntial         | Commercia    | Industri   | al Combin | ed Agric | ultural |
| 792 BLACK ROCK TURNPIKE |                  |                     |          |         | ons 1    |               |              |            |           |          |         |
| Towns Served: R         | EDDING           |                     |          |         |          |               |              | 1          | 1         |          |         |
| Business Phon           | e Extension      | Fax                 | Mobil    | e Phone | Emergeno | cy Pho        | one Email Ac | ldress     |           |          |         |
| 860-342-2215            | 5                | 860-344-2560        | 860-2    | 05-7552 | 860-424  | 1-333         | 3 david.co   | oley@ct.g  | ov        |          |         |
| Contact Role(s):        | Administrative   | Contact, Legal Cont | act, Own | er      |          |               |              |            |           |          |         |

#### 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

|                     | Connecticut Depa                                | rtment of Public           | Health    | Dr    | rinkin  | σΜ      | later     | Sectio   | n     |              |
|---------------------|---|----------------------------|-----------|-------|---------|---------|-----------|----------|-------|--------------|
|                     | •   | lity Monitoring ar         |           |       |         | 0       |           |          | 11    |              |
| PWS ID              | PWS Name  | inty monitoring al         |           |       |         |         |           |          | ne Pr | imary Source |
| CT1170374           | REDDING COMMUNITY CEN                           | TER                        |           | Ciu   | NC      |         | 25        | L        |       | GW           |
|                     | (where applicable)                              | Service                    | Residen   | tial  | Commer  |         | Industria | al Comb  | ined  | Agricultural |
| 37 LONETOW          |   | Connection                 |           |       | 1       |         |           |          |       |              |
| Towns Served        |   |                            |           |       |         |         |           |          |       |              |
|                     |   | Monitoring Req             | uireme    | nts   | I       |         |           |          |       |              |
| Water Syster        | m Facility: <b>DISTRIBUTION S</b>               |                            |           |       |         |         |           |          |       |              |
| Total Colifo        | rm (3100)                                       |                            |           |       |         |         | 1         | routine  | RT) j | per quarter  |
| Sampling            | g Point (Sampling Point ID)                     |                            | Monitori  | ing P | eriod   | Collec  | tion Per  |          |       | ance Status  |
| Select fro          | om Inventory of Active Sampling                 | Points                     | 10/1/23 - | 12/   | 31/23   |         |           |          | Со    | mplete       |
|                     |   |                            | 1/1/24 -  | 3/3   | 1/24    |         |           |          | Со    | mplete       |
|                     |   |                            | 4/1/24 -  | 6/3   | 0/24    |         |           |          |       |              |
|                     |   |                            | 7/1/24 -  | 9/3   | 0/24    |         |           |          |       |              |
| <b>Physical Par</b> | ameters (PPS)                                   |                            |           |       |         |         | 1         | routine  | RT) j | per quarter  |
| Sampling            | g Point (Sampling Point ID)                     |                            | Monitori  | ing P | Period  | Collec  | tion Per  | iod Co   | mpli  | ance Status  |
| Select fro          | Select from Inventory of Active Sampling Points |                            |           | · 12/ | 31/23   |         |           |          | Со    | mplete       |
|                     |   |                            | 1/1/24 -  | 3/3   | 1/24    |         |           |          | Со    | mplete       |
|                     |   |                            | 4/1/24 -  | 6/3   | 0/24    |         |           |          |       |              |
|                     |   |                            | 7/1/24 -  | 9/3   | 0/24    |         |           |          |       |              |
| Water Syster        | m Facility: ENTRY POINT (V                      | VSF ID: 00700)             |           |       |         |         |           |          |       |              |
| Nitrate And         | Nitrite (NOX)                                   |                            |           |       |         |         |           | 1 routi  | ne (R | T) per year  |
| Sampling            | g Point (Sampling Point ID)                     |                            | Monitori  | ing P | eriod   | Collec  | tion Per  | iod Co   | mpli  | ance Status  |
| ENTRY P             | DINT (3)  |                            | 1/1/23 -  | 12/3  | 31/23   |         |           |          | Со    | mplete       |
|                     |   |                            | 1/1/24 -  | 12/3  | 31/24   |         |           |          |       |              |
|                     |   |                            | 1/1/25 -  | 12/3  | 81/25   |         |           |          |       |              |
|                     |   | Other Complianc            | e Sched   | lule  | es      |         |           |          |       |              |
| Compliance S        | chedule Activity                                |                            |           | Due   | Date    |         | Achie     | ved Date |       |              |
| CROSS CONNE         | ECTION SURVEY REPORT                            |                            |           | 3/1/  | 2017    |         |           |          |       |              |
| CROSS CONNE         | ECTION SURVEY REPORT                            |                            |           | 3/1/  | 2019    |         |           |          |       |              |
| CROSS CONNE         | ECTION SURVEY REPORT                            |                            |           | 3/1/  | 2020    |         |           |          |       |              |
| CROSS CONNE         | ECTION SURVEY REPORT                            |                            |           | 3/1/  | 2021    |         |           |          |       |              |
| CROSS CONNE         | ECTION SURVEY REPORT                            |                            |           | 3/1/  | 2022    |         |           |          |       |              |
| CROSS CONNE         | ECTION SURVEY REPORT                            |                            |           |       | 2023    |         |           |          |       |              |
| CROSS CONNE         | ECTION SURVEY REPORT                            |                            |           | 3/1/  | 2024    |         |           |          |       |              |
|                     | Water S   | ystem Facility and Sa      | mpling    | Ро    | int Inv | ento    | ory       |          |       |              |
| Water               |   |                            |           |       |         | Total   | Lead      |          |       |              |
| System Wo           | ater System Facility                            | Sampling Point Sampling Po | oint      |       | Со      | oliform | n Copp    | per      |       | Stage        |

| System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point<br>Description | Status | Coliform<br>Rule | Copper<br>Rule Tier Asbes | Stage<br>stos WQP 2 DBPR |
|-----------------------|-----------------------|----------------------|-------------------------------|--------|------------------|---------------------------|--------------------------|
| 00600                 | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM           | А      | Y                |                           |                          |
|                       |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON          | А      |                  |                           |                          |
|                       |                       | RCC001               | KIT SNK FOOD PREP             | А      | Y                | Y                         |                          |
|                       |                       | RCC002               | KIT HAND SNK                  | А      | Y                | Y                         |                          |
|                       |                       | RCC003               | RR MENS RR                    | А      | Y                | Y                         |                          |
|                       |                       | RCC004               | RR LADY ROOM                  | А      | Y                | Y                         |                          |
|                       |                       | RCC005               | RR LADY ROOM L                | А      | Y                | Y                         |                          |
|                       |                       | RCC006               | RR LADY ROOM M                | А      | Y                | Y                         |                          |
|                       |                       |                      |                               |        |                  |                           |                          |

|                 |                   |           |   | 0           |         | 1    |             |             |            |                 |
|-----------------|-------------------|-----------|---|-------------|---------|------|-------------|-------------|------------|-----------------|
| PWS ID          | PWS Name          |           |   |             |         | Clas | ssification | Population  | Owner Type | Primary Source  |
| CT1170374       | REDDING COMMUN    | ITY CENTE | R |             |         |      | NC          | 25          | L          | GW              |
| Local Address ( | where applicable) |           |   | Service     | Residen | tial | Commercia   | al Industri | al Combine | ed Agricultural |
| 37 LONETOWN     | ROAD              |           |   | Connections |         |      | 1           |             |            |                 |
| Towns Served:   | REDDING           |           |   | · · ·       |         |      |             | ·           |            |                 |

#### Water System Facility and Sampling Point Inventory Total Water Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status RCC007 **RR LADY ROOM R** Y γ Δ **RCC008 RR MENS RR L** Υ Υ Δ RCC009 **RR MENS RR M** Y Y Α RCC010 **RR MENS RR R** Α γ γ RCC011 Y Υ SENIORS CRAFT ROOM A **UPSTREAM** WITHIN 5 SERVICE CON А 00700 3 ENTRY POINT А ENTRY POINT 2 WELL #1 23071 WELL #1 А

54456 ATMOSPHERIC TANK

## **Contact Information**

| Name                |               |         | Organization |               | Job Title<br>Health Officer |                 |             |            |          |
|---------------------|---------------|---------|--------------|---------------|-----------------------------|-----------------|-------------|------------|----------|
| Mr. Chris Wegrzyn   |               |         | Redding Heal | th Department |                             |                 |             |            |          |
| Mailing Address Lin | e One         |         | Mailing Addr | ess Line Two  |                             |                 | City        | State      | Zip Code |
| P. O. Box 1028      |               |         |              |               |                             | Redding         |             | СТ         | 06875    |
| Business Phone      | Extension     | Fax     | Mo           | obile Phone   | Emergency Phone             | e Email Address |             |            |          |
| 203-938-2559        |               |         |              |               | 203-948-4370                | cwegrzy         | n@townofred | dingct.org |          |
| Contact Bolo(s):    | dministrativo | Contact |              |               | •                           |                 |             |            |          |

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

Please note the following:

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

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

|  | GW<br>agricultural<br>r quarter<br><i>ce Status</i> |           |
|--|---|-----------|
| PWS ID   PWS Name   Classification   Population   Owner Type   Prima     CT1170384   PUTNAM MEMORIAL S.PPAVILION SYSTEM   NC   25   S   C     Local Address (where applicable)   Service   Residential   Commercial   Industrial   Combined   Ag     ROUTE 58   Connections   Connections   Industrial   Combined   Ag     Towns Served: REDDING   Monitoring Requirements   Industrial   Compliance   Ag     Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)   I routine (RT) per of   Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   I routine (RT) per of   Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   I routine (RT) per of   Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   I routine (RT) per of   Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance  | GW<br>agricultural<br>r quarter<br><i>ce Status</i> |           |
| CT1170384   PUTNAM MEMORIAL S.PPAVILION SYSTEM   NC   25   S   Condition     Local Address (where applicable)   Service   Residential   Commercial   Industrial   Combined   Ag     ROUTE 58   Connections   Connections   I   Industrial   Combined   Ag     Towns Served: REDDING   Monitoring Requirements   I   I   I   I     Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)   I routine (RT) per   Collection Period   Collection Period   Collection Period   Collection Period   Collection Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   I routine (RT) per   Sampling Point (Sampling Point 1D)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   I routine (RT) per   Sampling Point (Sampling Point 1D)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   I routine (RT) per   Sampling Point (Sampling Point 1D)   Monitoring Period   Collection Period   Compliance     Sampling Point (Sampling Point 1D) <td< td=""><td>GW<br/>agricultural<br/>r quarter<br/><i>ce Status</i></td></td<>   | GW<br>agricultural<br>r quarter<br><i>ce Status</i> |           |
| Local Address (where applicable)   Service<br>Connections   Residential   Commercial   Industrial   Combined   Ag     ROUTE 58   Connections   Industrial   Combined   1   1     Towns Served: REDDING   Monitoring Requirements   1   1   1     Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)   1 routine (RT) per of Collection Period   Compliance     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   1   routine (RT) per of Collection Period     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   1   routine (RT) per of Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   1   routine (RT) per of Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   1   routine (RT) per of Collection Period   Compliance     Select from Inventory of Active Sampling Point (WSF ID: 00700)   Monitoring Period   Collection Period   Compliance <th>r quarter<br/>ce Status</th>   | r quarter<br>ce Status                              |           |
| ROUTE 58   Connections   1     Towns Served: REDDING   Monitoring Requirements     Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)     Total Coliform (3100)   1 routine (RT) per of Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   Toutine (RT) per of Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   Toutine (RT) per of Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   Toutine (RT) per of Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   Toutine (RT) per of Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     ENTRY POINT (3)   1/1/23 - 12/31/23   Compliance | r quarter<br>ce Status                              |           |
| Towns Served: REDDING     Monitoring Requirements     Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)     Total Coliform (3100)   1 routine (RT) per to Sampling Point (D)     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24     Physical Parameters (PPS)   1 routine (RT) per to Sampling Point (D)     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24     Physical Parameters (PPS)   1 routine (RT) per to Sampling Point (D)     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24     Vater System Facility: ENTRY POINT (WSF ID: 00700)     Nitrate And Nitrite (NOX)   1 routine (RT) per to Sampling Point (D)     Monitoring Period   Collection Period   Compliance     ENTRY POINT (WSF ID: 00700)   Nitrate And Nitrite (NOX)   1 routine (RT) per to Sampling Point (D)     Monitoring Period   Collection Period   Compliance <td colspan<="" td=""><td>r quarter</td></td>  | <td>r quarter</td>                                  | r quarter |
| Monitoring Requirements     Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)     Total Coliform (3100)   1 routine (RT) per of     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   1   routine (RT) per of     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   1   routine (RT) per of     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   1   routine (RT) per of     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   1   1     Water System Facility:   ENTRY POINT (WSF ID: 00700)   1   routine (RT) per of   Collection Period   Compliance     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     ENTRY POINT (3)   1/1/23 - 12/31/23   Compliance  | r quarter   |           |
| Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)     Total Coliform (3100)   1 routine (RT) per of Sampling Point (Sampling Point ID)     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24     Physical Parameters (PPS)   1 routine (RT) per of Collection Period     Sampling Point (Sampling Point ID)   Monitoring Period     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24     Select from Inventory of Active Sampling Point ID)   Monitoring Period     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24     Water System Facility:   ENTRY POINT (WSF ID: 00700)     Nitrate And Nitrite (NOX)   1 routine (RT) period     Sampling Point (Sampling Point ID)   Monitoring Period     Collection Period   Compliance     Sampling Point (Sampling Point ID)   1 routine (RT) period     Sampling Point (Sampling Point ID)   1 routine (RT) period     Sampling Point (Sampling Point ID)   1 routine (RT) period     Sampling Point (Sampling Point ID)   1 routine (RT) period     Sampling Point (Sampling Point ID)   1 routine (RT) period     ENTRY POINT (3)   1 /1 /23 - 12 /31 /23     Complex   1 /1 /24 - 12 /31 /24     1 /1 /25 - 12 /31 /25   | r quarter   |           |
| Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)     Total Coliform (3100)   1 routine (RT) per of Sampling Point (Sampling Point ID)     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24     Physical Parameters (PPS)   1 routine (RT) per of Collection Period     Sampling Point (Sampling Point ID)   Monitoring Period     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24     Select from Inventory of Active Sampling Point ID)   Monitoring Period     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24     Water System Facility:   ENTRY POINT (WSF ID: 00700)     Nitrate And Nitrite (NOX)   1 routine (RT) period     Sampling Point (Sampling Point ID)   Monitoring Period     Collection Period   Compliance     Sampling Point (Sampling Point ID)   1 routine (RT) period     Sampling Point (Sampling Point ID)   1 routine (RT) period     Sampling Point (Sampling Point ID)   1 routine (RT) period     Sampling Point (Sampling Point ID)   1 routine (RT) period     Sampling Point (Sampling Point ID)   1 routine (RT) period     ENTRY POINT (3)   1 /1 /23 - 12 /31 /23     Complex   1 /1 /24 - 12 /31 /24     1 /1 /25 - 12 /31 /25   | r quarter   |           |
| Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodComplianceSelect from Inventory of Active Sampling Points4/1/24 - 6/30/247/1/24 - 9/30/247/1/24 - 9/30/24Physical Parameters (PPS)1 routine (RT) per ofSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodComplianceSelect from Inventory of Active Sampling Points4/1/24 - 6/30/24Throw The Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodComplianceSelect from Inventory of Active Sampling Points4/1/24 - 6/30/24Throw The Sampling Point (WSF ID: 00700)Nitrate And Nitrite (NOX)1 routine (RT) periodSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodComplianceSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodComplianceENTRY POINT (3)1/1/23 - 12/31/23Compliance1/1/24 - 12/31/241/1/24 - 12/31/241/1/24 - 12/31/241/1/25 - 12/31/25  | r quarter   |           |
| Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24     7/1/24 - 9/30/24   7/1/24 - 9/30/24     Physical Parameters (PPS)   1 routine (RT) per of     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   T/1/24 - 9/30/24   T/1/24 - 9/30/24     Water System Facility:   ENTRY POINT (WSF ID: 00700)   1 routine (RT) per of   Collection Period   Compliance     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     ENTRY POINT (3)   1/1/23 - 12/31/23   Compliance     1/1/24 - 12/31/24   1/1/25 - 12/31/24   Compliance  | r quarter   |           |
| 7/1/24 - 9/30/24     Physical Parameters (PPS)   1 routine (RT) per of     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24     Water System Facility:   ENTRY POINT (WSF ID: 00700)   1 routine (RT) period   Collection Period   Compliance     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     ENTRY POINT (3)   1/1/23 - 12/31/23   Compliance     1/1/25 - 12/31/25   1/1/25 - 12/31/25   1/1/25 - 12/31/25   | -   |           |
| Physical Parameters (PPS)   1 routine (RT) per of Sampling Point ID)     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     Select from Inventory of Active Sampling Points   4/1/24 - 6/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24     Water System Facility:   ENTRY POINT (WSF ID: 00700)   1 routine (RT) period   1 routine (RT) period     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     ENTRY POINT (3)   1/1/23 - 12/31/23   Compliance     1/1/24 - 12/31/24   1/1/25 - 12/31/25   1/1/25 - 12/31/25  | -   |           |
| Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodComplianceSelect from Inventory of Active Sampling Points4/1/24 - 6/30/247/1/24 - 9/30/246/1/24Water System Facility:ENTRY POINT (WSF ID: 00700)1 routine (RT) pNitrate And Nitrite (NOX)1 routine (RT) pSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodENTRY POINT (3)1/1/23 - 12/31/23Compliance1/1/24 - 12/31/241/1/25 - 12/31/251/1/25 - 12/31/25   | -   |           |
| Select from Inventory of Active Sampling Points     4/1/24 - 6/30/24       7/1/24 - 9/30/24     7/1/24 - 9/30/24       Water System Facility:     ENTRY POINT (WSF ID: 00700)       Nitrate And Nitrite (NOX)     1 routine (RT) p       Sampling Point (Sampling Point ID)     Monitoring Period     Collection Period     Compliance       ENTRY POINT (3)     1/1/23 - 12/31/23     Compliance       1/1/24 - 12/31/24     1/1/25 - 12/31/25     1/1/25 - 12/31/25  | ce Status   |           |
| 7/1/24 - 9/30/24     Water System Facility: ENTRY POINT (WSF ID: 00700)     Nitrate And Nitrite (NOX)     Sampling Point (Sampling Point ID)     Monitoring Period     Collection Period     ENTRY POINT (3)     1/1/23 - 12/31/23     Complete     1/1/24 - 12/31/24     1/1/25 - 12/31/25  |   |           |
| Water System Facility:   ENTRY POINT (WSF ID: 00700)     Nitrate And Nitrite (NOX)   1 routine (RT) p     Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance     ENTRY POINT (3)   1/1/23 - 12/31/23   Complexity     1/1/24 - 12/31/24   1/1/25 - 12/31/25   1/1/25 - 12/31/25   |   |           |
| Nitrate And Nitrite (NOX)1 routine (RT) pSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodENTRY POINT (3)1/1/23 - 12/31/23Compliance1/1/24 - 12/31/241/1/25 - 12/31/241/1/25 - 12/31/25   |   |           |
| Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodComplianceENTRY POINT (3)1/1/23 - 12/31/23Complexity1/1/24 - 12/31/241/1/25 - 12/31/241/1/25 - 12/31/25  |   |           |
| ENTRY POINT (3)     1/1/23 - 12/31/23     Complete       1/1/24 - 12/31/24     1/1/25 - 12/31/25     1/1/25 - 12/31/25   |   |           |
| 1/1/24 - 12/31/24<br>1/1/25 - 12/31/25   |   |           |
| 1/1/25 - 12/31/25  | lete  |           |
|  |   |           |
| Other Compliance Schedules   |   |           |
|  |   |           |
| Compliance Schedule Activity Due Date Achieved Date  |   |           |
| RESPOND TO SANITARY SURVEY 11/22/2007  |   |           |
| Public Notification Requirements   |   |           |
| Compliance Notice Public Notification PN Certifica   | ation   |           |
|  | Received  |           |
| Distribution Turbidity MCL Violation     1/1/06 - 3/31/06     2     4/5/2006     4/15/2006   |   |           |
| Distribution Turbidity MCL Violation     10/1/05 - 12/31/05     2     4/5/2006     4/15/2006   |   |           |
| Physical Parameters M&R Violation     4/1/14 - 6/30/14     3     8/21/2015     8/31/2015   |   |           |
| Water System Facility and Sampling Point Inventory   |   |           |
| Water Total Lead and   |   |           |
| System     Water System Facility     Sampling Point     Coliform     Copper  | Stage   |           |
| Facility ID     ID     Description     Status     Rule     Rule Tier     Asbestos     WQ   | QP 2 DBPR   |           |
| 00600 DISTRIBUTION SYSTEM 101 UTILITY SINK A Y   |   |           |
| 102 WOMENS BATHROOM A Y  |   |           |
| 103 MENS BATHROOM A Y  |   |           |
| 4 DISTRIBUTION SYSTEM A  |   |           |
| DOWNSTREAM WITHIN 5 SERVICE CON A  |   |           |
| UPSTREAM WITHIN 5 SERVICE CON A  |   |           |
| 00700 ENTRY POINT 3 ENTRY POINT A  |   |           |
| 23112 WELL 4 2 WELL 4 A  |   |           |
| 53840 TREATMENT PLANT  |   |           |

|                  |                   | C      |              | 0           |         | 1              |              |            |                 |
|------------------|-------------------|--------|--------------|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID           | PWS Name          |        |              |             |         | Classification | Population   | Owner Type | Primary Source  |
| CT1170384        | PUTNAM MEMORIAL   | S.PPAV | ILION SYSTEM |             |         | NC             | 25           | S          | GW              |
| Local Address (w | /here applicable) |        |              | Service     | Residen | itial Commerc  | ial Industri | al Combine | ed Agricultural |
| ROUTE 58         |                   |        |              | Connections |         |                |              | 1          |                 |
| Towns Served: R  | EDDING            |        |              |             |         |                |              |            |                 |

|                                       |           |             |             | <b>Contact In</b>   | formation       |                     |    |       |          |
|---------------------------------------|-----------|-------------|-------------|---------------------|-----------------|---------------------|----|-------|----------|
| Name                                  |           | Organizatio | n           | Job Title           |                 |                     |    |       |          |
| Mr. David Cooley                      |           | Deep-Engin  | eering Unit | Supv Civil Engineer |                 |                     |    |       |          |
| Mailing Address Line One Mailing Addr |           |             |             | ddress Line Two     | ess Line Two    |                     |    | State | Zip Code |
| 163 Great Hill Road                   |           |             |             |                     | Portland        |                     | СТ | 06480 |          |
| Business Phone                        | Extension | Fax         |             | Mobile Phone        | Emergency Phone | Email Address       |    |       |          |
| 860-342-2215                          |           | 860-344-2   | 2560        | 860-205-7552        | 860-424-3333    | david.cooley@ct.gov |    |       |          |

#### 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

| С                      | onnecticut Dep  |               |                             |                 |               | Ŭ         |            |                                |               |
|------------------------|---|---------------|-----------------------------|-----------------|---------------|-----------|------------|--------------------------------|---------------|
|                        | , in the second s | anty Mon      | itoring and                 |                 |               |           |            |                                | dana ar i C i |
|                        | WS Name   |               |                             | C               |               | on Pop    |            | Owner Type P                   |               |
|                        | MAIN STREET   |               | Comico                      | Desidenti       | NC            |           | 25         | P                              | GW            |
| Local Address (whe     | ere applicable)   |               | Service<br>Connections      | Residentia      |               | ercial    | Industrial | Combined                       | Agricultural  |
| Towns Served: RED      | DING  |               | connections                 |                 | 3             |           |            |                                |               |
|                        |   | Mon           | itoring Requ                | iremen          | ts            |           |            |                                |               |
| Water System Fa        | cility: DISTRIBUTION  |               | • •                         |                 |               |           |            |                                |               |
| Total Coliform (       | 3100)   |               |                             |                 |               |           | 1          | routine (RT)                   | per quarter   |
| Sampling Poir          | nt (Sampling Point ID)  |               |                             | Monitoring      | Period        | Colle     | ction Peri | od Compli                      | ance Status   |
| Select from In         | ventory of Active Sampli  | ng Points     | ,                           | 10/1/23 - 1     | 2/31/23       |           |            | Со                             | mplete        |
|                        |   |               |                             | 4/1/24 - 6      | /30/24        |           |            |                                |               |
|                        |   |               |                             | 7/1/24 - 9      | /30/24        |           |            |                                |               |
| Total Coliform (       | 3100)   |               |                             |                 |               |           | 3          | 3 repeat (RP)                  | per period    |
|                        | nt (Sampling Point ID)  |               |                             | Monitoring      | Period        | Colle     | ction Peri | • • •                          | ance Status   |
|                        | ventory of Active Sampli  | ng Points     |                             | 2/13/23 - 1     |               |           |            |                                | mplete        |
| Total Coliform (       | · · · · ·   |               |                             |                 |               | 3 te      | mporarv    | routine (TR)                   | -             |
| •                      | nt (Sampling Point ID)  |               |                             | Monitoring      | Period        |           | ction Peri |                                | ance Status   |
| Select from In         | ventory of Active Sampli  | ng Points     |                             | 1/1/24 - 1      | /31/24        |           |            | Со                             | mplete        |
| <b>Physical Parame</b> |   | -             |                             |                 | · · ·         |           | 1          | routine (RT)                   | -             |
| -                      | nt (Sampling Point ID)  |               |                             | Monitoring      | Period        | Colle     | ction Peri |                                | ance Status   |
|                        | ventory of Active Sampli  | ng Points     |                             | <br>10/1/23 - 1 |               |           |            |                                | mplete        |
|                        | ,   | 0             |                             | 1/1/24 - 3      |               |           |            |                                | mplete        |
|                        |   |               |                             | 4/1/24 - 6      |               |           |            |                                | •             |
|                        |   |               |                             | 7/1/24 - 9      |               | _         |            |                                |               |
| Water System Fa        | cility: ENTRY POINT   | (WSF ID: 0070 | 00)                         |                 |               |           |            |                                |               |
| Nitrate And Nitr       | •   | •             | •                           |                 |               |           |            | 1 routine (R                   | T) per vear   |
|                        | nt (Sampling Point ID)  |               |                             | Monitoring      | n Period      | Colle     | ction Peri | -                              | ance Status   |
| ENTRY POINT            |   |               |                             | 1/1/23 - 12     |               |           |            | -                              | mplete        |
|                        | (-)   |               |                             | <u> </u>        |               |           |            |                                |               |
|                        |   |               |                             | 1/1/25 - 12     |               |           |            |                                |               |
| Water System Fa        | cility: WELL 1 (WSF I   | D: 53795)     |                             | _, _,           | ., • _, _ = • |           |            |                                |               |
| E. Coli (3014)         |   |               |                             |                 |               |           | 1 tr       | riggered (TG)                  | ner neriod    |
|                        | nt (Sampling Point ID)  |               |                             | Monitoring      | Period        | Colle     | ction Peri |                                | ance Status   |
| WELL 1 (2)             | ··· (••····p····g · •····2)   |               |                             | 2/12/23 - 1     |               |           |            |                                | mplete        |
|                        |   | Public N      | otification R               |                 |               |           |            |                                | p.ete         |
|                        |   |               | Compliance                  | Notice          | 1             | c Notifi  | ication    | PN Cert                        | ification     |
| Violation/Situation    | n   |               | Period                      | Tier            | Require       |           | erformed   |                                | Received      |
| Total Coliform M&I     |   | 4             | /1/22 - 6/30/22             | 3               | 12/21/2       |           | ,          | 12/31/2023                     |               |
| Physical Parameter     | s M&R Violation   |               | /1/22 - 6/30/22             | 3               | 12/21/2       |           |            | 12/31/2023                     |               |
|                        |   |               | cility and Sar              | npling P        |               |           | ory        |                                |               |
| Water                  |   |               |                             |                 |               | Total     | -          | nd                             |               |
|                        | ustom Facility  | Samplina Poi  | int Sampling Poir           | nt              |               | Colifor   |            |                                | Stage         |
| System Water S         | system Facility   |               |                             |                 |               |           |            |                                |               |
| Facility ID            |   | ID            | Description                 |                 | Status        | Rule      | Rule T     | ier Asbestos                   | WQP 2 DBPR    |
| Facility ID            | UTION SYSTEM  |               | Description<br>KIT SNK LOWE |                 |               | Rule<br>Y | Rule T     | <mark>ier Asbestos</mark><br>Y | WQP 2 DBPR    |
| Facility ID            |   | ID            | •                           | ER LEVEL        | Status        |           | Rule T     |                                | WQP 2 DBPR    |

|                 |                   | <br> | 0           |         |       |            |             |            |                 |
|-----------------|-------------------|------|-------------|---------|-------|------------|-------------|------------|-----------------|
| PWS ID          | PWS Name          |      |             |         | Clas  | sification | Population  | Owner Type | Primary Source  |
| CT1179124       | 2 MAIN STREET     |      |             |         |       | NC         | 25          | Р          | GW              |
| Local Address ( | where applicable) |      | Service     | Resider | ntial | Commerci   | al Industri | al Combine | ed Agricultural |
|                 |                   |      | Connections |         |       | 3          |             |            |                 |

Towns Served: REDDING

|  | W                | /ater Sy    | stem Facili         | ity and S              | Sampling P  | oint   | Invento                                 | ry          |           |                     |
|--|------------------|-------------|---------------------|------------------------|-------------|--------|---|-------------|-----------|---------------------|
| Water<br>System Water S<br>Facility ID | ystem Facility   | S           | ampling Point<br>ID | Sampling<br>Descriptio |             | Statu  | Total<br>Coliform<br><sub>IS</sub> Rule |             | Asbestos  | Stage<br>WQP 2 DBPF |
|  |                  |             | 2MS004              | BAR SINK               | SECOND FLR  | А      | Y                                       |             | Y         |                     |
|  |                  |             | 2MS005              | SERVERS S              | TATION      | Α      | Y                                       |             |           |                     |
|  |                  |             | 2MS006              | RR MENS                | RR          | Α      | Y                                       |             | Y         |                     |
|  |                  |             | 2MS007              | RR LADY R              | OOM         | Α      | Y                                       |             | Y         |                     |
|  |                  |             | 4                   | DISTRIBUT              | ION         | Α      |   |             |           |                     |
|  |                  | 0           | OWNSTREAM           | WITHIN 5               | SERVICE CON | Α      |   |             |           |                     |
|  |                  |             | SS                  | SERVERS S              | TATION      | Α      | Y                                       |             | Y         |                     |
|  |                  |             | UPSTREAM            | WITHIN 5               | SERVICE CON | Α      |   |             |           |                     |
| 00700 ENTRY P                          | OINT             |             | 3                   | ENTRY PO               | INT         | Α      |   |             |           |                     |
| 53795 WELL 1                           |                  |             | 2                   | WELL 1                 |             | А      |   |             |           |                     |
|  |                  |             | Con                 | tact Info              | ormation    |        |   |             |           |                     |
| Name                                   |                  |             | O                   | ganization             |             |        |   |             | Job Title |                     |
| Ms. Marilyn L. Slop                    | er               |             |                     |                        |             |        |   |             |           |                     |
| Mailing Address Lin                    | ne One           | ſ           | Mailing Address     | s Line Two             |             |        | C                                       | ity         | State     | Zip Code            |
| 8 Sasqua Trail                         |                  |             |                     |                        |             | V      | Veston                                  |             | СТ        | 06883               |
| Business Phone                         | Extension        | Fax         | Mobi                | le Phone               | Emergency P | hone E | Email Addre                             | SS          |           |                     |
| 203-544-9224                           |                  |             |                     |                        | 203-770-62  | .40 i  | nfo@marily                              | nsloper.cor | n         |                     |
| Contact Role(s): A                     | dministrative Co | ntact, Lega | l Contact           |                        |             |        |   |             |           |                     |
| Please note the fol                    | lowing:          |             |                     |                        |             |        |   |             |           |                     |

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

|              | Connecticut Department                 | of Public Health Drin | king Water Se         | ction                    |
|--------------|--|-----------------------|-----------------------|--------------------------|
|              | Water Quality Mor                      | nitoring and Complian |                       |                          |
| PWS ID       | PWS Name                               |                       | cation Population Own | ner Type Primary Sourc   |
| CT1179134    | TEMPLE B'NAI CHAIM                     | N                     | C 31                  | P GW                     |
|              | (where applicable)                     |                       | mmercial Industrial   | Combined Agricultura     |
| 82 PORTLAND  |  | Connections           | 2                     |                          |
| Towns Served | : REDDING                              |                       |                       |                          |
|              | Mor                                    | nitoring Requirements |                       |                          |
| Water Syste  | m Facility: DISTRIBUTION SYSTEM (WS    | F ID: 00600)          |                       |                          |
| Total Colifo | rm (3100)                              |                       | 2 ro                  | utine (RT) per month     |
| Sampling     | g Point (Sampling Point ID)            | Monitoring Perio      | od Collection Period  | Compliance Status        |
| Select fro   | om Inventory of Active Sampling Points | 11/1/23 - 11/30/2     | 23                    | Complete                 |
|              |  | 12/1/23 - 12/31/2     | 23                    | Complete                 |
|              |  | 1/1/24 - 1/31/24      | 4                     | Complete                 |
|              |  | 2/1/24 - 2/29/24      | 4                     | Complete                 |
|              |  | 3/1/24 - 3/31/24      | 4                     | Complete                 |
|              |  | 4/1/24 - 4/30/24      | 4                     |                          |
|              |  | 5/1/24 - 5/31/24      | 4                     |                          |
|              |  | 6/1/24 - 6/30/24      | 4                     |                          |
|              |  | 7/1/24 - 7/31/24      | 4                     |                          |
|              |  | 8/1/24 - 8/31/24      | 4                     |                          |
|              |  | 9/1/24 - 9/30/24      | 4                     |                          |
|              |  | 10/1/24 - 10/31/2     | 24                    |                          |
| Physical Par | ameters (PPS)                          |                       | 2 ro                  | utine (RT) per montl     |
| Sampling     | g Point (Sampling Point ID)            | Monitoring Perio      | d Collection Period   | <b>Compliance Status</b> |
| Select fro   | om Inventory of Active Sampling Points | 11/1/23 - 11/30/2     | 23                    | Complete                 |
|              |  | 12/1/23 - 12/31/2     | 23                    | Complete                 |
|              |  | 1/1/24 - 1/31/24      | 4                     | Complete                 |
|              |  | 2/1/24 - 2/29/24      | 4                     | Complete                 |
|              |  | 3/1/24 - 3/31/24      | 4                     | Complete                 |
|              |  | 4/1/24 - 4/30/24      | 4                     |                          |
|              |  | 5/1/24 - 5/31/24      | 4                     |                          |
|              |  | 6/1/24 - 6/30/24      |                       |                          |
|              |  | 7/1/24 - 7/31/24      | 4                     |                          |
|              |  | 8/1/24 - 8/31/24      |                       |                          |
|              |  | 9/1/24 - 9/30/24      |                       |                          |
|              |  | 10/1/24 - 10/31/2     |                       |                          |
| Nater Syste  | m Facility: ENTRY POINT 1 (WSF ID: 00  | · · · · ·             |                       |                          |
| Nitrate And  | Nitrite (NOX)                          |                       | 1                     | routine (RT) per yea     |
|              | g Point (Sampling Point ID)            | Monitoring Perio      |                       | <b>Compliance Status</b> |
| ENTRY P      | DINT WELL 1 (3)                        | 1/1/23 - 12/31/2      | .3                    | Complete                 |
|              |  | 1/1/24 - 12/31/2      |                       |                          |
|              |  | 1/1/25 - 12/31/2      |                       |                          |
| Water Syste  | m Facility: ENTRY POINT 2 (WSF ID: 00  |                       |                       |                          |
| Nitrate And  | Nitrite (NOX)                          |                       | 1                     | routine (RT) per yea     |
|              | g Point (Sampling Point ID)            | Monitoring Perio      |                       | <b>Compliance Status</b> |
|              |  | 1/1/23 - 12/31/2      | 2                     | Complete                 |
| ENTRY P      |  | 1/1/25-12/51/2        |                       |                          |
| ENTRY P      |  | 1/1/24 - 12/31/2      |                       |                          |

| PWS ID PWS Name   |                    | C          | Classification | Population C | wner Type Pr     | imary Sourc |  |
|---|--------------------|------------|----------------|--------------|------------------|-------------|--|
| CT1179134 TEMPLE B'NAI CHAIM                                      |                    |            | NC             | 31           | Р                | GW          |  |
| ocal Address (where applicable)                                   | Service            | Residentia | al Commercia   | I Industrial | Combined         | Agricultur  |  |
| 32 PORTLAND AVENUE  | Connections        |            | 2              |              |                  |             |  |
| Towns Served: REDDING   |                    |            |                |              |                  | 1           |  |
| 0   | ther Compliance    | Schedu     | ıles           |              |                  |             |  |
| Compliance Schedule Activity                                      |                    | Du         | ue Date        | Achieve      | ed Date          |             |  |
| CROSS CONNECTION SURVEY REPORT                                    |                    | 3/         | 1/2023         |              |                  |             |  |
| 2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)                           |                    | 6/2        | 23/2023        |              |                  |             |  |
| CROSS CONNECTION SURVEY REPORT                                    |                    | 3/         | 1/2024         |              |                  |             |  |
| Pub   | lic Notification R | equiren    | nents          |              |                  |             |  |
|   | Compliance         | Notice     | Public No      | tification   | PN Certification |             |  |
| Violation/Situation   | Period             | Tier       | Required       | Performed    | Due to DPH       | Received    |  |
| E. Coli M&R Violation   | 12/22/16 - 3/20/17 | 3          | 5/1/2018       |              | 5/11/2018        |             |  |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation                   | 3/31/18 - 10/28/18 | 2          | 5/6/2018       |              | 5/16/2018        |             |  |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation                   | 9/9/17 - 12/1/17   | 2          | 5/6/2018       |              | 5/16/2018        |             |  |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation                   | 10/7/17 - 12/1/17  | 2          | 5/6/2018       |              | 5/16/2018        |             |  |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation                   | 11/13/17 - 12/1/17 | 2          | 5/6/2018       |              | 5/16/2018        |             |  |
| REVISED TOTAL COLIFORM RULE (RTCR)                                | 9/17/18 - 10/28/18 | 3          | 11/21/2019     |              | 12/1/2019        |             |  |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation                   | 6/24/23 -          | 2          | 11/12/2023     |              | 11/22/2023       |             |  |
| E. Coli M&R Violation   | 9/29/22 - 7/28/23  | 3          | 12/22/2023     |              | 1/1/2024         |             |  |
| Total Coliform M&R Violation                                      | 1/1/22 - 1/31/22   | 3          | 12/22/2023     |              | 1/1/2024         |             |  |
| Physical Parameters M&R Violation                                 | 1/1/22 - 1/31/22   | 3          | 12/22/2023     |              | 1/1/2024         |             |  |
| Total Coliform M&R Violation                                      | 12/1/21 - 12/31/21 | 3          | 12/22/2023     |              | 1/1/2024         |             |  |
| Physical Parameters M&R Violation                                 | 12/1/21 - 12/31/21 | 3          | 12/22/2023     |              | 1/1/2024         |             |  |
|   | 3/1/23 - 3/31/23   | 3          | 8/22/2024      |              | 9/1/2024         |             |  |
| Physical Parameters M&R Violation                                 | 3/1/23 - 3/31/23   | 3          | 8/22/2024      |              | 9/1/2024         |             |  |
| Physical Parameters M&R Violation<br>Fotal Coliform M&R Violation |                    |            | / /            |              | 12/1/2024        |             |  |
|   | 4/1/23 - 4/30/23   | 3          | 11/21/2024     |              | 12/1/2024        |             |  |

| System      | water System Facility | Sampling Point | Sampling Point       |        | Collform | Copper    |          |     | Stage  |
|-------------|-----------------------|----------------|----------------------|--------|----------|-----------|----------|-----|--------|
| Facility IL | )                     | ID             | Description          | Status | Rule     | Rule Tier | Asbestos | WQP | 2 DBPR |
| 00600       | DISTRIBUTION SYSTEM   | 4              | DISTRIBUTION SYSTEM  | А      | Y        |           |          |     |        |
|             |                       | 4-1            | DISTRIBUTION SYSTEM  | А      | Y        |           |          |     |        |
|             |                       | 4-2            | DISTRIBUTION SYSTEM  | А      | Y        |           |          |     |        |
|             |                       | DOWNSTREAM     | WITHIN 5 SERVICE CON | А      |          |           |          |     |        |
|             |                       | DOWNSTREAM2    | WELL2RRMRR           | А      | Y        |           |          |     |        |
|             |                       | TBC001         | WELL 1 KIT SNK       | А      | Y        |           | Y        |     |        |
|             |                       | TBC002         | WELL 2 KIT SNK       | А      | Y        |           | Y        |     |        |
|             |                       | TBC003         | WELL 1 RR MEN L      | А      | Y        |           | Y        |     |        |
|             |                       | TBC004         | WELL 1 RR MEN R      | А      | Y        |           | Y        |     |        |
|             |                       | TBC005         | WELL 1 RR LADYS L    | А      | Y        |           | Y        |     |        |
|             |                       | TBC006         | WELL 1 RR LADYS R    | А      | Y        |           | Y        |     |        |
|             |                       | TBC007         | WELL 2 RR MEN L      | А      | Y        |           | Y        |     |        |
|             |                       | TBC008         | WELL 2 RR MEN R      | А      | Y        |           | Y        |     |        |
|             |                       | TBC009         | WELL 2 RR LADYS L    | А      | Y        |           | Y        |     |        |
|             |                       | TBC010         | WELL 2 RR LADYS R    | А      | Y        |           | Y        |     |        |
|             |                       |                |                      |        |          |           |          |     |        |

|                 |                    | <b>~</b> | 0           |         | 1           |       |            |            |                 |
|-----------------|--------------------|----------|-------------|---------|-------------|-------|------------|------------|-----------------|
| PWS ID          | PWS Name           |          |             |         | Classificat | on I  | Population | Owner Type | Primary Source  |
| CT1179134       | TEMPLE B'NAI CHAIN | I        |             |         | NC          |       | 31         | Р          | GW              |
| Local Address ( | where applicable)  |          | Service     | Residen | tial Comm   | ercia | l Industri | al Combine | ed Agricultural |
| 82 PORTLAND A   | VENUE              |          | Connections |         | Ĩ           | )     |            |            |                 |
| Towns Served:   | REDDING            |          |             |         |             |       |            |            |                 |

|              |              | N               | /ater Sy   | stem Facil     | ity and S          | Sampling Po  | pint li | nvento                          | ry             |           |        |        |
|--------------|--------------|-----------------|------------|----------------|--------------------|--------------|---------|---------------------------------|----------------|-----------|--------|--------|
| Water        |              |                 |            |                |                    |              |         | Total                           | Lead and       |           |        |        |
| System W     | ater Sy      | stem Facility   | 2          | Sampling Point | Sampling           | Point        |         | Coliform                        | Copper         |           |        | Stage  |
| Facility ID  |              |                 |            | ID             | Descriptio         | n            | Status  | Rule                            | Rule Tier      | Asbestos  | WQP 2  | 2 DBPR |
| I            |              |                 |            | UPSTREAM       | WITHIN 5           | SERVICE CON  | А       |                                 |                |           |        |        |
|              |              |                 |            | UPSTREAM 2     | LADIES RM          | 1            | А       | Y                               |                |           |        |        |
| 00700 EN     | NTRY PC      | DINT 1          |            | 3              | ENTRY PO           | INT WELL 1   | А       |                                 |                |           |        |        |
| 00701 EN     | NTRY PC      | DINT 2          |            | 3              | ENTRY PO           | INT WELL 2   | А       |                                 |                |           |        |        |
| 56140 W      | 56140 WELL 1 |                 |            | 2              | WELL A             |              | А       |                                 |                |           |        |        |
| 56966 W      | /ELL 2       |                 |            | 2              | WELL 2             |              | А       |                                 |                |           |        |        |
|              |              |                 |            | Con            | tact Info          | ormation     |         |                                 |                |           |        |        |
| Name         |              |                 |            | 0              | rganization        |              |         |                                 |                | Job Title |        |        |
| Ms. Denise S | eccurra      | 1               |            | Te             | Temple B'nai Chaim |              |         |                                 | Office Manager |           |        |        |
| Mailing Addr | ess Line     | One             |            | Mailing Addres | s Line Two         |              |         | C                               | ity            | State     | Zip Co | ode    |
| 82 Portland  | Avenue       |                 |            | P.O. Box 305   |                    |              | Ge      | eorgetowr                       | ı              | СТ        | 0682   | 29     |
| Business Pl  | hone         | Extension       | Fax        | Mobi           | le Phone           | Emergency Ph | one En  | Email Address                   |                |           |        |        |
| 203-544-8    | 8695         |                 |            |                |                    |              | of      | officeadmin@templebnaichaim.org |                |           |        |        |
| Contact Role | (s): Ad      | ministrative Co | ntact, Leg | al Contact     |                    | 1            |         |                                 |                |           |        |        |
| Please note  | the follo    | owing:          |            |                |                    |              |         |                                 |                |           |        |        |

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.

<u>http://www.ct.gov/dph/publicdrinkingwater</u>

| Connecticut Dep                                       |                |                                |                   | 0          |            | ction      |               |
|---|----------------|--------------------------------|-------------------|------------|------------|------------|---------------|
| Water Qua   | ality Monit    | oring and Com                  | plianc            | e Sche     | edule      |            |               |
| PWS ID PWS Name                                       |                |                                | -<br>Classificati | ion Popu   | lation Owi | ner Type P | rimary Source |
| CT1179144 CALVARY INDEPENDENT BA                      | APTIST CHURCH  |                                | NC                | 2          | .5         | Р          | GW            |
| Local Address (where applicable)                      |                | Service Resident               | ial Comm          | nercial In | dustrial   | Combined   | Agricultural  |
|   |                | Connections                    | 1                 |            |            |            |               |
| Towns Served: REDDING                                 |                |                                |                   |            |            |            |               |
|   | Monit          | oring Requiremer               | nts               |            |            |            |               |
| Water System Facility: DISTRIBUTION                   | SYSTEM (WSFI   | D: 00600)                      |                   |            |            |            |               |
| Total Coliform (3100)                                 |                |                                |                   |            | 1 rou      | itine (RT) | per quarter   |
| Sampling Point (Sampling Point ID)                    |                | Monitorin                      | g Period          | Collect    | ion Period |            | ance Status   |
| Select from Inventory of Active Samplin               | g Points       | 10/1/23 - 1                    | 12/31/23          |            |            | Cc         | omplete       |
|   |                | 4/1/24 - 6                     | 5/30/24           |            |            |            |               |
|   |                | 7/1/24 - 9                     | 9/30/24           |            |            |            |               |
| Total Coliform (3100)                                 |                |                                |                   |            | 3 re       | epeat (RP) | per period    |
| Sampling Point (Sampling Point ID)                    |                | Monitorin                      | g Period          | Collect    | ion Period | Compl      | ance Status   |
| Select from Inventory of Active Samplin               | g Points       | 12/14/23 -                     | 12/19/23          |            |            |            | omplete       |
| Total Coliform (3100)                                 |                |                                |                   | 3 tem      | porary ro  | utine (TR) | per month     |
| Sampling Point (Sampling Point ID)                    |                | Monitorin                      | -                 | Collect    | ion Period |            | ance Status   |
| Select from Inventory of Active Samplin               | g Points       | 1/1/24 - 1                     | 1/31/24           |            |            |            | omplete       |
| Physical Parameters (PPS)                             |                |                                |                   |            |            |            | per quarter   |
| Sampling Point (Sampling Point ID)                    |                | Monitorin                      | -                 | Collect    | ion Period |            | ance Status   |
| Select from Inventory of Active Samplin               | g Points       | 10/1/23 - 1                    |                   |            |            |            | omplete       |
|   |                | 1/1/24 - 3                     |                   |            |            | Co         | omplete       |
|   |                | 4/1/24 - 6                     |                   |            |            |            |               |
|   |                | 7/1/24 - 9                     | 9/30/24           |            |            |            |               |
| Water System Facility: ENTRY POINT (                  | WSF ID: 00700) |                                |                   |            |            |            |               |
| Nitrate (1040)  |                |                                |                   |            |            |            | per quarter   |
| Sampling Point (Sampling Point ID)                    |                | Monitorin                      | -                 | Collect    | ion Period |            | ance Status   |
| ENTRY POINT (3)                                       |                | 10/1/23 - 1                    |                   |            |            |            | mplete        |
|   |                | 1/1/24 - 3                     |                   |            |            | LC         | mplete        |
|   |                | 4/1/24 - 6                     |                   |            |            |            |               |
|   |                | 7/1/24 - 9                     | 9/30/24           |            |            |            | <b>T</b> )    |
| Nitrite (1041)  |                | Monitorin                      | a Dariad          | Collect    | ion Period | -          | RT) per year  |
| Sampling Point (Sampling Point ID)<br>ENTRY POINT (3) |                | <i>Monitorin</i><br>1/1/23 - 1 | -                 | Conecti    | ion Perioa |            | omplete       |
| ENTRY POINT (S)                                       |                | 1/1/23 - 1<br>1/1/24 - 1       |                   |            |            |            | mplete        |
|   |                | 1/1/24 - 1                     |                   |            |            |            | inpiete       |
| Water System Facility: WELL #1 (WSF                   | ID: 58363)     | 1/1/25-1                       | .2/31/25          |            |            |            |               |
| E. Coli (3014)  |                |                                |                   |            | 1 trigg    | orod (TG   | per period    |
| Sampling Point (Sampling Point ID)                    |                | Monitorin                      | a Period          | Collect    | ion Period |            | ance Status   |
| WELL #1 (2)   |                | 12/13/23 -                     | -                 |            |            |            | mplete        |
|   | System Facil   | ity and Sampling               |                   | vento      | v          |            |               |
| Water   |                |                                |                   | Total      | Lead and   |            |               |
| System Water System Facility                          | Sampling Point | Sampling Point                 |                   | Coliform   | Copper     |            | Stage         |
| Facility ID   | ID             | Description                    | Status            | Rule       |            | Asbestos   | WQP 2 DBPR    |
| 00600 DISTRIBUTION SYSTEM                             | 4              | DISTRIBUTION SYSTEM            | A                 |            |            |            |               |
|   | CBC001         | RR MENS RM 1F L                | А                 | Y          |            | Y          |               |
|   |                |                                |                   |            |            |            |               |

|                 | č 5                                | 0           |         | 1              |              | ,          |                 |
|-----------------|------------------------------------|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID          | PWS Name                           |             |         | Classification | Population   | Owner Type | Primary Source  |
| CT1179144       | CALVARY INDEPENDENT BAPTIST CHURCH |             |         | NC             | 25           | Р          | GW              |
| Local Address ( | where applicable)                  | Service     | Residen | tial Commerc   | ial Industri | al Combine | ed Agricultural |
|                 |                                    | Connections |         | 1              |              |            |                 |

Towns Served: REDDING

|                                | Water System Facility and Sampling Point Inventory |                      |                               |        |                           |   |  |  |  |  |  |
|--------------------------------|--|----------------------|-------------------------------|--------|---------------------------|---|--|--|--|--|--|
| Water<br>System<br>Facility IE | Water System Facility                              | Sampling Point<br>ID | Sampling Point<br>Description | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper Stage<br>Rule Tier Asbestos WQP 2 DBPR |  |  |  |  |  |
|                                |  | CBC003               | RR LADY ROOM 1F L             | А      | Y                         | Y   |  |  |  |  |  |
|                                |  | CBC004               | RR LADY ROOM 1F R             | А      | Y                         | Y   |  |  |  |  |  |
|                                |  | CBC005               | RR LADY RM MN FLR R           | А      | Y                         | Y   |  |  |  |  |  |
|                                |  | CBC006               | RR LADY RM MN FLR L           | А      | Y                         | Y   |  |  |  |  |  |
|                                |  | CBC007               | KIT SNK                       | А      | Y                         | Y   |  |  |  |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON          | А      |                           |   |  |  |  |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON          | А      |                           |   |  |  |  |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                   | А      |                           |   |  |  |  |  |  |
| 58363                          | WELL #1  | 2                    | WELL #1                       | А      |                           |   |  |  |  |  |  |
|                                |  | Con                  | tact Information              |        |                           |   |  |  |  |  |  |

| Name              |              |              |  | Organization  |  |   |   |
|-------------------|--------------|--------------|--|---|--|---|---|
| Mr. Roger Chapman |              |              |  | Cibc Holding Corp   |  |   |   |
|                   | Mailing Addr | ess Line Two |  |   | City   | State   | Zip Code  |
|                   |              |              |  | West Red  | dding  | СТ  | 06896-0047  |
| Fax               | Mc           | bile Phone   | Emergency Phone                          | Email Ad  | mail Address   |   |   |
|                   |              |              |  | rogerchap@sbcglobal.net   |  |   |   |
|                   |              | Mailing Addr | Cibc Holding<br>Mailing Address Line Two | Cibc Holding Corp   Mailing Address Line Two   Fax Mobile Phone   Emergency Phone | Cibc Holding Corp   Mailing Address Line Two   Fax   Mobile Phone   Emergency Phone   Email Address Line Two | Cibc Holding Corp Treasurer   Mailing Address Line Two City   West Redding Fax   Mobile Phone Emergency Phone | Cibc Holding Corp Treasurer   Mailing Address Line Two City State   West Redding CT |

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