

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT1170122 | REDDING MEDITATION SOCIETY | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 9 PICKETTS RIDGE ROAD | | | | 1 | | | |

Towns Served: REDDING

Monitoring Requirements

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

| Total Coliform (3100) | | 1 routine (RT) per quarter | | |
|---|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | Complete | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | |
|---|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | Complete | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | |
|---|--------------------------|--------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| 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

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| 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

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | RMS001 | MEDITATION CTR KIT | A | Y | | Y | |
| | | RMS002 | MEDITATION CTR RR L | A | Y | | Y | |
| | | RMS003 | MEDITATION CTR RR R | A | Y | | Y | |
| | | RMS004 | RETREAT CTR KIT FL 1 | A | Y | | Y | |
| | | RMS005 | RETREAT CTR RR FL1 | A | Y | | Y | |
| | | RMS006 | RETREAT CTR KIT FL 2 | A | Y | | Y | |
| | | RMS007 | RETREAT CTR RR FL 2 | A | Y | | Y | |
| | | RMS008 | R RM NEAR OFFICE | A | Y | 1 | | |
| | | RMS009 | KITCHEN | A | Y | 1 | | |
| | | RMS010 | R RM NEAR NURSERY | A | Y | 1 | | |
| | | RMS011 | NURSERY | A | Y | 1 | | |

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

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

| | | | | | | | |
|----------------------------------|-----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170122 | REDDING MEDITATION SOCIETY | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 9 PICKETTS RIDGE ROAD | | | | 1 | | | |
| Towns Served: REDDING | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | RMS012 | 2ND FLR KITCHEN | A | Y | 1 | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10878 | WELL #1 | 2 | WELL | A | | | | |

Certified Operator Information

| | | | |
|---|----------------|--|--------------------------|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
| Facility Classification: SMALL WATER SYSTEM | | | |
| Operator Name | Operator Type | Certification(s) | Certification Expiration |
| LEMKE, BRIAN | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 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 | | | City | State |
| 9 Picketts Ridge Road | | | | | West Redding | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 203-894-8183 | | 203-438-0478 | | 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>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170152 | CHRIST CHURCH PARISH | NC | 29 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 180 CROSS HIGHWAY | | | 1 | | | | |
| Towns Served: REDDING | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | 1 routine (RT) per quarter | | |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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: **WELL (WSF ID: 10533)**

| E. Coli (3014) | 1 routine (RT) per quarter | | |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL (2) | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 11/25/2021 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2022 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2024 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | CCP001 | KIT SNK | A | Y | | Y | |
| | | CCP002 | RR MENS RR | A | Y | | Y | |
| | | CCP003 | RR LADY ROOM | A | Y | | Y | |
| | | CCP004 | KIT SNK SINGLE | A | Y | | Y | |

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

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

| | | | | | | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170152 | CHRIST CHURCH PARISH | NC | 29 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 180 CROSS HIGHWAY | | | 1 | | | | |
| Towns Served: REDDING | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|---------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | CCP005 | KIT SNK TRPL SNK | A | Y | | Y | |
| | | CCP006 | KITCHEN SINK | A | Y | 1 | | |
| | | CCP007 | KITCHEN TRPL SINK L | A | Y | 1 | | |
| | | CCP008 | KITCHEN TRPL SINK M | A | Y | 1 | | |
| | | CCP009 | KITCHEN TRPL SINK R | A | Y | 1 | | |
| | | CCP010 | MENS RM SINK | A | Y | 1 | | |
| | | CCP011 | LADIES RM SINK | A | Y | 1 | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10533 | WELL | 2 | WELL | A | | | | |
| 45150 | 2 UV DISINFECTION DEVICES | | | | | | | |

Certified Operator Information

| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
|---|----------------|--|---------------------------------|
| Facility Classification: SMALL WATER SYSTEM | | | |
| | | | <i>Certification Expiration</i> |
| Operator Name | Operator Type | Certification(s) | Expiration |
| LEMKE, BRIAN | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2024 |

Contact Information

| | | | | | | |
|------------------------------|-----------|--------------------------|--------------|-----------------|----------------------------------|-------|
| Name | | Organization | | | Job Title | |
| Mrs. Laura R. Russell | | Christ Church | | | Warden | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State |
| P.O. Box 54 | | | | | Redding Ridge | CT |
| Zip Code | 06876 | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 203-938-2872 | | 203-938-2175 | | 203-731-0545 | christchurchparish@sbcglobal.net | |

Contact Role(s): **Administrative Contact**

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|---------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170104 | NEW POND FARM EDUCATION CENTER | NC | 49 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 MARCHANT ROAD | | | | 1 | | | |
| Towns Served: REDDING | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

| Physical Parameters (PPS) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | |

Water System Facility and Sampling Point Inventory

| <i>Water System</i> | <i>Water System Facility</i> | <i>Sampling Point</i> | <i>Sampling Point</i> | <i>Total Coliform</i> | <i>Lead and Copper</i> | <i>Stage</i> |
|---------------------|------------------------------|-----------------------|-----------------------|-----------------------|------------------------|--------------|
|---------------------|------------------------------|-----------------------|-----------------------|-----------------------|------------------------|--------------|

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

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

| | | | | | | | |
|----------------------------------|---------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170104 | NEW POND FARM EDUCATION CENTER | NC | 49 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 MARCHANT ROAD | | | | 1 | | | |

Towns Served: REDDING

| Facility ID | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPR |
|---------------------------|-------------------------------|---------------------------------|--------|------|-----------|----------|------------|
| 00600 DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | NPF001 | RR 1ST FLOOR | A | Y | | Y | |
| | NPF002 | RR 2ND FLOOR | A | Y | | Y | |
| | NPF003 | KIT SNK | A | Y | | Y | |
| | UPSTREAM WITHIN 5 SERVICE CON | A | | | | | |
| 00700 ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22021 WELL #1 | 2 | WELL #1 | A | | | | |
| 61872 WELL #2 | 2 | WELL #2 | A | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|--------------|-----------------------------|-----------------|----------------------|----------------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Ms. Bruce Given | | | New Pond Farm Education Ctr | | | Interim Co-President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 101 Marchant Road | | | | | | West Redding | CT | 06896 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-938-2117 | | 203-938-9593 | | | info@newpondfarm.org | | | |

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

| | | | | | | | | |
|---------------------------|-----------|--------------|---------------------------|-----------------|---------------------|--------------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Ms. Ann Bostelmann | | | New Pond Farm Edu. Center | | | Executive Director | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 101 Marchant Road | | | | | | West Redding | CT | 06896 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-938-2117 | | 203-938-9593 | | | ann@newpondfarm.org | | | |

Contact Role(s): **Administrative Contact**

Please note the following:

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

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

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

End of schedule

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170194 | 119 BLACK ROCK TURNPIKE | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 119 BLACK ROCK TURNPIKE | | | | 1 | | | |

Towns Served: REDDING

Monitoring Requirements

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

| Total Coliform (3100) | | 1 routine (RT) per quarter | | |
|---|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | Complete | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | |
|---|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | Complete | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | |
|---|--------------------------|--------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| 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 and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | RRM001 | KIT SNK TRPL SNK | A | Y | | Y | |
| | | RRM002 | KIT SNK SINGLE | A | Y | | Y | |
| | | RRM003 | KIT SNK BACK SINGLE | A | Y | | Y | |
| | | RRM004 | KIT HAND SNK 1 | A | Y | | Y | |
| | | RRM005 | KIT HAND SNK 2 | A | Y | | Y | |
| | | RRM006 | KT SNK LRG SING FRNT | A | Y | | Y | |
| | | RRM007 | RR MENS RR | A | Y | | Y | |
| | | RRM008 | RR LADY ROOM | A | Y | | Y | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22029 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | |
|------------------------------|--|--------------------------|--|---------------|-------|----------|
| Name | | Organization | | Job Title | | |
| Mrs. Sandra, G Wright | | 119 Black Rock LLC | | Owner/Manager | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 85 Hill Rd. | | | | Redding | CT | 06896 |

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

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

| | | | | | | | |
|----------------------------------|--------------------------------|--------------------------------------|--------------|-----------------|-------------------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170194 | 119 BLACK ROCK TURNPIKE | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 119 BLACK ROCK TURNPIKE | | | | 1 | | | |
| Towns Served: REDDING | | | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-917-2001 | | | | 203-938-2984 | wrightsan@optonline.net | | |
| Contact Role(s): | | Administrative Contact, Owner | | | | | |

Please note the following:

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

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

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

| |
|------------------------|
| End of schedule |
|------------------------|

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170204 | REDDING ROAD HOUSE | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 406 REDDING ROAD | | | | | | 4 | |
| Towns Served: REDDING | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | 1 routine (RT) per quarter | | |
|---|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
|---|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | BSSMALBARTR | BAR SNK SMAL BAR TRP | A | Y | 2 | Y | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | HSLARGEBARL | HAND SNK LG BAR R | A | Y | 2 | Y | |
| | | HSLARGEBARR | 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 | A | Y | 2 | Y | |
| | | RRH005 | BAR SINK TRIPLE | A | Y | 2 | Y | |
| | | RRH006 | BAR HAND SINK | A | Y | 2 | Y | |

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

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

| | | | | | | | |
|----------------------------------|--------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170204 | REDDING ROAD HOUSE | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 406 REDDING ROAD | | | | | | 4 | |
| Towns Served: REDDING | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | RRH007 | RR LADY ROOM | A | Y | 2 | Y | |
| | | RRH008 | RR MENS RR | A | Y | 2 | Y | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 59570 | WELL | 2 | WELL | A | | | | |
| 62077 | UV TREATMENT | | | | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|------------------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Geoffrey E. Walworth | | | Roadhouse 406 LLC | | | Owner | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 248 Staples Road | | | | | | Easton | CT | 06612 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-395-0643 | | | | 917-495-7534 | gewalworth@hotmail.com | | | |

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

Please note the following:

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

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

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

End of schedule

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170214 | 296 ETHAN ALLEN HIGHWAY - REDDING | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| DAY'S INN | | | | 1 | | | |
| Towns Served: REDDING | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | 1 routine (RT) per quarter | | |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22031 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | |
|---|-----------|--------------|----------------------------|-----------------|---------------------|------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Amarat Patel | | | Ridgefield Motor Inn, Inc. | | | President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 296 Ethan Allen Highway | | | | | | Ridgefield | CT | 06877 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-438-3781 | | 203-431-6402 | | | amrat3349@gmail.com | | | |
| Contact Role(s): Administrative Contact, Legal Contact | | | | | | | | |

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

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

| | | | | | | | | |
|--|--|---------------------|--------------------------|-----------------|----------------|-----------|--------------|------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT1170214 | 296 ETHAN ALLEN HIGHWAY - REDDING | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| DAY'S INN | | | | 1 | | | | |
| Towns Served: REDDING | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| 296 Ethan Allen Highway | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 296 Ethan Allen Highway | | | | | | Redding | CT | 06877-6217 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |
| Contact Role(s): Legal Contact, Owner | | | | | | | | |

Please note the following:

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

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

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

End of schedule

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

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170244 | 109 BLACK ROCK TNP | NC | 48 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 109 BLACK ROCK TURNPIKE | | | | | | 4 | |
| Towns Served: REDDING | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | 1 routine (RT) per quarter | | |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION EXEMPTION | 3/1/2022 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22034 | WELL 1 | 2 | WELL | A | | | | |
| 59552 | ATMOSPHERIC STORAGE TANKS | | | | | | | |

Contact Information

| | | | | | | | |
|--|-----------|--------------------------|--------------|-----------------|------------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Steven Rountos | | The Spinning Wheel | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 109 Black Rock Turnpike | | | | | Redding | CT | 06896 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-257-4491 | | 203-612-3593 | 203-257-4491 | | thespinningwheelct@gmail.com | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | |

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT1170244 | 109 BLACK ROCK TNPK | NC | 48 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 109 BLACK ROCK TURNPIKE | | | | | | 4 | |

Towns Served: REDDING

Please note the following:

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

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

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

End of schedule

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

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

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170254 | ST PATRICKS CHURCH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 179 BLACK ROCK TURNPIKE | | | | 1 | | | |

Towns Served: REDDING

Monitoring Requirements

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

| Total Coliform (3100) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

| Physical Parameters (PPS) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 12/13/2020 | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification Required</i> | <i>Public Notification Performed</i> | <i>PN Certification Due to DPH</i> | <i>PN Certification Received</i> |
|---|--------------------------|--------------------|-------------------------------------|--------------------------------------|------------------------------------|----------------------------------|
| <i>NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.</i> | | | | | | |

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

| | | | | | | | |
|-----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170254 | ST PATRICKS CHURCH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 179 BLACK ROCK TURNPIKE | | | | 1 | | | |
| Towns Served: REDDING | | | | | | | |
| E. Coli | 5/10/19 - 9/22/19 | 3 | 6/4/2020 | | 6/14/2020 | | |
| Physical Parameters M&R Violation | 1/1/22 - 1/31/22 | 3 | 12/21/2023 | | 12/31/2023 | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | |
| | | SPC001 | PARISH CTR KIT SINK | A | Y | Y | |
| | | SPC002 | P CTR RR LADY RM | A | Y | Y | |
| | | SPC003 | P CTR RR LADY RM | A | Y | Y | |
| | | SPC004 | CHURCH MENS RM L | A | Y | | |
| | | SPC005 | CHURCH MENS RM R | A | Y | | |
| | | SPC006 | CHURCH LADIES RM L | A | Y | | |
| | | SPC007 | CHURCH LADIES RM R | A | Y | | |
| | | SPC008 | CHURCH VESTING RM | A | Y | | |
| | | SPC009 | CHURCH FLOWER ROOM | A | Y | | |
| | | SPC010 | VESTING ROOM | A | Y | | |
| | | SPC011 | FLOWER ROOM | A | Y | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | |
| 22035 | WELL 1 | 2 | WELL 1 | A | | | |
| 52915 | WELL 2 | 2 | WELL 2 | A | | | |
| 57104 | TREATMENT PLANT | | | | | | |

Contact Information

| | | | | | | | |
|------------------------------|-----------|--------------------------|--------------|-----------------|-------------------|-------|------------|
| Name | | Organization | | | 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 | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-938-2253 | | 203-938-3396 | | | fj203@optimum.net | | |

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

Please note the following:

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

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

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

End of schedule

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

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

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170274 | TOPSTONE TOWN PARK | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 72 TOPSTONE ROAD | | | | 1 | | | |

Towns Served: REDDING

Monitoring Requirements

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

| Total Coliform (3100) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 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 | | |

| Physical Parameters (PPS) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 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 | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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: **WELL (WSF ID: 22037)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL (2) | 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 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SEASONAL START UP COMPLETION | 5/1/2024 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | TTP001 | RR GENERIC RR | A | Y | | Y | |
| | | TTP002 | WATER FOUNTAIN | A | Y | | Y | |

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

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

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170274 | TOPSTONE TOWN PARK | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 72 TOPSTONE ROAD | | | | 1 | | | |
| Towns Served: REDDING | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22037 | WELL | 2 | WELL | A | | | | |
| 60957 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | |
|---|-----------|--------------|--------------------------|-----------------|----------------------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Robert S. Blick | | | Parks & Recreation Dept. | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| P O Box 1071 | | | | | | Redding | CT | 06896 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 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>

End of schedule

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

| | | | | | | | |
|----------------------------------|--------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170314 | 2 LONG RIDGE ROAD | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: REDDING

Monitoring Requirements

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

| Total Coliform (3100) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

| Physical Parameters (PPS) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 4/1/22 - 4/30/22 | 3 | 11/9/2023 | | 11/19/2023 | |
| Physical Parameters M&R Violation | 4/1/22 - 4/30/22 | 3 | 11/9/2023 | | 11/19/2023 | |
| Total Coliform M&R Violation | 3/1/22 - 3/31/22 | 3 | 11/9/2023 | | 11/19/2023 | |

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

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

| | | | | | | | |
|----------------------------------|--------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170314 | 2 LONG RIDGE ROAD | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: REDDING

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Physical Parameters M&R Violation | 3/1/22 - 3/31/22 | 3 | 11/9/2023 | | 11/19/2023 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 2LR001 | KIT SNK TRPL DELI | A | Y | | Y | |
| | | 2LR002 | KIT SNK HAND DELI | A | Y | | Y | |
| | | 2LR003 | RR DELI | A | Y | | Y | |
| | | 2LR004 | RR PIZZA | A | Y | | Y | |
| | | 2LR005 | HAND SNK PIZZA | A | Y | | Y | |
| | | 2LR006 | KIT SNK TRPL PIZZA | A | Y | | Y | |
| | | 2LR007 | SERVER STAT H SNK PZ | A | Y | | Y | |
| | | 2LR008 | HAIR SALON RR | A | Y | | | |
| | | 2LR009 | BARBER SHOP RR | A | Y | | | |
| | | 2LR010 | DENTIST OFFICE RR | A | Y | | | |
| | | 2LR011 | LIQUOR STORE RR | A | Y | | | |
| | | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22041 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | |
|------------------------------|-----------|---|--------------------------|-----------------|--------------------|--------------|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. John D. Wanat | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 2 Long Ridge Road P.O.Box 75 | | | | | | West Redding | CT | 06896 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-938-3771 | | 203-938-2969 | | 203-938-3771 | kingpoleac@aol.com | | | |
| Contact Role(s): | | Administrative Contact, Legal Contact, Owner | | | | | | |

Please note the following:

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

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

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

End of schedule

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|---------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT1170344 | PUTNAM MEMORIAL S.P./YOUTH GROUP WELL | NC | 25 | S | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 792 BLACK ROCK TURNPIKE | | | 1 | | | | |

Towns Served: REDDING

Monitoring Requirements

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

Total Coliform (3100) **1 routine (RT) per quarter**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|--------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Physical Parameters (PPS) **1 routine (RT) per quarter**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|--------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | 10/1-11/15 | 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 year**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY | 11/22/2007 | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Physical Parameters M&R Violation | 4/1/23 - 6/30/23 | 3 | 11/23/2024 | | 12/3/2024 | |
| Total Coliform M&R Violation | 4/1/23 - 6/30/23 | 3 | 11/23/2024 | | 12/3/2024 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 101 | HAND PUMP | A | Y | | | |
| | | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22732 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | |
|--------------------------|--------------------------|---------------------|-------|----------|
| Name | Organization | Job Title | | |
| Mr. David Cooley | Deep-Engineering Unit | Supv Civil Engineer | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 163 Great Hill Road | | Portland | CT | 06480 |

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

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

| | | | | | | | |
|--|--|---------------------|--------------|-----------------|---------------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170344 | PUTNAM MEMORIAL S.P./YOUTH GROUP WELL | NC | 25 | S | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 792 BLACK ROCK TURNPIKE | | | 1 | | | | |
| Towns Served: REDDING | | | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-342-2215 | | 860-344-2560 | 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>

End of schedule

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|--------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT1170374 | REDDING COMMUNITY CENTER | NC | 25 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 37 LONETOWN ROAD | | | | 1 | | | |
| Towns Served: REDDING | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | | 1 routine (RT) per quarter | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 3/31/24 | | Complete | | |
| | 4/1/24 - 6/30/24 | | | | |
| | 7/1/24 - 9/30/24 | | | | |

| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 3/31/24 | | Complete | | |
| | 4/1/24 - 6/30/24 | | | | |
| | 7/1/24 - 9/30/24 | | | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | |
|---|--------------------------|--------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| 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

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2017 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2019 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2020 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2021 | |
| 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

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

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

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

| | | | | | | | |
|----------------------------------|---------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170374 | REDDING COMMUNITY CENTER | NC | 25 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 37 LONETOWN ROAD | | | | 1 | | | |
| Towns Served: REDDING | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | RCC007 | RR LADY ROOM R | A | Y | | Y | |
| | | RCC008 | RR MENS RR L | A | Y | | Y | |
| | | RCC009 | RR MENS RR M | A | Y | | Y | |
| | | RCC010 | RR MENS RR R | A | Y | | Y | |
| | | RCC011 | SENIORS CRAFT ROOM | A | Y | | Y | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 23071 | WELL #1 | 2 | WELL #1 | A | | | | |
| 54456 | ATMOSPHERIC TANK | | | | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|-----|---------------------------|-----------------|------------------------------|----------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Chris Wegrzyn | | | Redding Health Department | | | Health Officer | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| P. O. Box 1028 | | | | | | Redding | CT | 06875 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-938-2559 | | | | 203-948-4370 | cwegrzyn@townofreddingct.org | | | |

Contact Role(s): **Administrative Contact**

Please note the following:

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

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

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

End of schedule

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|--------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT1170384 | PUTNAM MEMORIAL S.P.-PAVILION SYSTEM | NC | 25 | S | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 58 | | | | | | 1 | |

Towns Served: REDDING

Monitoring Requirements

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

| Total Coliform (3100) | 1 routine (RT) per quarter | | |
|---|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
|---|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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 |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY | 11/22/2007 | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|--------------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | 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 System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 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 | | | | | | | |

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

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

| | | | | | | | |
|----------------------------------|---|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1170384 | PUTNAM MEMORIAL S.P.-PAVILION SYSTEM | NC | 25 | S | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 58 | | | | | | 1 | |
| Towns Served: REDDING | | | | | | | |

Contact Information

| | | | | | | | | |
|--|-----------|-----------------------|--------------------------|-----------------|---------------------|----------|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. David Cooley | | Deep-Engineering Unit | | | Supv Civil Engineer | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 163 Great Hill Road | | | | | | Portland | CT | 06480 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-342-2215 | | 860-344-2560 | 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>

End of schedule

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

| | | | | | | | |
|----------------------------------|----------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1179124 | 2 MAIN STREET | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 3 | | | |

Towns Served: REDDING

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Total Coliform (3100) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete | | |
| | 4/1/24 - 6/30/24 | | | | |
| | 7/1/24 - 9/30/24 | | | | |

| | | | | | |
|---|--------------------------|---------------------------------|--------------------------|--|--|
| Total Coliform (3100) | | 3 repeat (RP) per period | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 12/13/23 - 12/18/23 | | Complete | | |

| | | | | | |
|---|--------------------------|---|--------------------------|--|--|
| Total Coliform (3100) | | 3 temporary routine (TR) per month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/24 - 1/31/24 | | Complete | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 3/31/24 | | Complete | | |
| | 4/1/24 - 6/30/24 | | | | |
| | 7/1/24 - 9/30/24 | | | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| | | | | | |
|---|--------------------------|--------------------------------|--------------------------|--|--|
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| 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: **WELL 1 (WSF ID: 53795)**

| | | | | | |
|---|--------------------------|------------------------------------|--------------------------|--|--|
| E. Coli (3014) | | 1 triggered (TG) per period | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| WELL 1 (2) | 12/12/23 - 12/18/23 | | Complete | | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Total Coliform M&R Violation | 4/1/22 - 6/30/22 | 3 | 12/21/2023 | | 12/31/2023 | |
| Physical Parameters M&R Violation | 4/1/22 - 6/30/22 | 3 | 12/21/2023 | | 12/31/2023 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 2MS001 | KIT SNK LOWER LEVEL | A | Y | | Y | |
| | | 2MS002 | RR GENERIC RR | A | Y | | Y | |
| | | 2MS003 | KIT SNK MAIN FLOOR | A | Y | | Y | |

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

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

| | | | | | | | |
|----------------------------------|----------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1179124 | 2 MAIN STREET | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 3 | | | |

Towns Served: REDDING

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | 2MS004 | BAR SINK SECOND FLR | A | Y | | Y | |
| | | 2MS005 | SERVERS STATION | A | Y | | | |
| | | 2MS006 | RR MENS RR | A | Y | | Y | |
| | | 2MS007 | RR LADY ROOM | A | Y | | Y | |
| | | 4 | DISTRIBUTION | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | SS | SERVERS STATION | A | Y | | Y | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 53795 | WELL 1 | 2 | WELL 1 | A | | | | |

Contact Information

| | | | | | | | |
|------------------------------|-----------|--------------------------|--------------|-----------------|------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Ms. Marilyn L. Sloper | | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 8 Sasqua Trail | | | | | Weston | CT | 06883 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-544-9224 | | | | 203-770-6240 | info@marilynsloper.com | | |

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1179134 | TEMPLE B'NAI CHAIM | NC | 31 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 82 PORTLAND AVENUE | | | | 2 | | | |
| Towns Served: REDDING | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | 2 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

| Physical Parameters (PPS) | 2 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

Water System Facility: **ENTRY POINT 1 (WSF ID: 00700)**

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT WELL 1 (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 2 (WSF ID: 00701)**

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT WELL 2 (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|--------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT1179134 | TEMPLE B'NAI CHAIM | NC | 31 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 82 PORTLAND AVENUE | | | | 2 | | | |
| Towns Served: REDDING | | | | | | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--|-----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2023 | |
| L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) | 6/23/2023 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2024 | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|---|--------------------|-------------|---------------------|-----------|------------------|----------|
| | | | 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 | |
| Physical Parameters M&R Violation | 3/1/23 - 3/31/23 | 3 | 8/22/2024 | | 9/1/2024 | |
| Total Coliform M&R Violation | 3/1/23 - 3/31/23 | 3 | 8/22/2024 | | 9/1/2024 | |
| Total Coliform M&R Violation | 4/1/23 - 4/30/23 | 3 | 11/21/2024 | | 12/1/2024 | |

Water System Facility and Sampling Point Inventory

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

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

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

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1179134 | TEMPLE B'NAI CHAIM | NC | 31 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 82 PORTLAND AVENUE | | | | 2 | | | |
| Towns Served: REDDING | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM 2 | LADIES RM | A | Y | | | |
| 00700 | ENTRY POINT 1 | 3 | ENTRY POINT WELL 1 | A | | | | |
| 00701 | ENTRY POINT 2 | 3 | ENTRY POINT WELL 2 | A | | | | |
| 56140 | WELL 1 | 2 | WELL | A | | | | |
| 56966 | WELL 2 | 2 | WELL 2 | A | | | | |

Contact Information

| | | | | | | | | |
|---|-----------|-----|--------------------------|-----------------|---------------------------------|----------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Ms. Denise Securra | | | Temple B'nai Chaim | | | Office Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 82 Portland Avenue | | | P.O. Box 305 | | | Georgetown | CT | 06829 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-544-8695 | | | | | officeadmin@templebnaichaim.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>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|---|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1179144 | CALVARY INDEPENDENT BAPTIST CHURCH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: REDDING

Monitoring Requirements

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

Total Coliform (3100) **1 routine (RT) per quarter**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|--------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Total Coliform (3100) **3 repeat (RP) per period**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|---------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 12/14/23 - 12/19/23 | | Complete |

Total Coliform (3100) **3 temporary routine (TR) per month**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|-------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 1/1/24 - 1/31/24 | | Complete |

Physical Parameters (PPS) **1 routine (RT) per quarter**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|--------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate (1040) **1 routine (RT) per quarter**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|--------------------|-------------------|-------------------|
| ENTRY POINT (3) | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Nitrite (1041) **1 routine (RT) per year**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |

Water System Facility: **WELL #1 (WSF ID: 58363)**

E. Coli (3014) **1 triggered (TG) per period**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|---------------------|-------------------|-------------------|
| WELL #1 (2) | 12/13/23 - 12/19/23 | | Complete |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | | | | |
| | | CBC001 | RR MENS RM 1F L | A | Y | | Y | |
| | | CBC002 | RR MENS RM 1F R | A | Y | | Y | |

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

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

| | | | | | | | |
|----------------------------------|---|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1179144 | CALVARY INDEPENDENT BAPTIST CHURCH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: REDDING

Water System Facility and Sampling Point Inventory

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

Contact Information

| | | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|-------------------------|--------------|--|-------|------------|
| Name | | | Organization | | | Job Title | | | |
| Mr. Roger Chapman | | | Cibc Holding Corp | | | Treasurer | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| P.O. Box 47 | | | | | | West Redding | | CT | 06896-0047 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 203-938-1317 | | | | | rogerchap@sbcglobal.net | | | | |

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

Please note the following:

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

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

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

End of schedule