

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1200062</b>	<b>ROXBURY MARKET PROPERTIES, LLC</b>	NC	49	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
26 NORTH STREET			1				

Towns Served: ROXBURY

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>		
<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			

<b>Total Coliform (3100)</b>		<b>3 repeat (RP) per period</b>		
<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	11/8/23 - 11/13/23		Complete	

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>		
<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)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>		
<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: **WELL (WSF ID: 10559)**

<b>E. Coli (3014)</b>		<b>1 triggered (TG) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</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		
CT1200062	ROXBURY MARKET PROPERTIES, LLC	NC	49	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
26 NORTH STREET			1				
Towns Served: ROXBURY							

## Monitoring Requirements

Water System Facility: **WELL (WSF ID: 10559)**

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 (2)	11/7/23 - 11/13/23		Complete
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)	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		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	4
<b>Start Date:</b> 2/1/2012	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring Compliance Status:</b>
	<b>Monitoring Period</b>		
	11/1/2023 - 11/30/2023		
	12/1/2023 - 12/31/2023		
	1/1/2024 - 1/31/2024		
	2/1/2024 - 2/29/2024		
	3/1/2024 - 3/31/2024		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/19/2012	
CROSS CONNECTION EXEMPTION	3/1/2015	
L1 ASSESSMENT (MULTIPLE TC+)	12/11/2023	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/2/21 - 11/8/22	2	12/9/2021		12/19/2021	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/18/21 - 1/4/23	2	12/9/2022		12/19/2022	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1200062</b>	<b>ROXBURY MARKET PROPERTIES, LLC</b>	NC	49	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
26 NORTH STREET			1				
Towns Served: ROXBURY							

## 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			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW004-C	COFFEE SINK	P	Y			
		MW004-RMF	RM FRONT SINK	P	Y	N		
		MW004-RMKB	RM K BACK SNK	P	Y	N		
		MW004-RMKDB	RM K DBL SINK	P	Y	N		
		MW004-RMKH	RM K HAND SINK	P	Y	N		
		MW017-PO	P.O. REST ROOM	P	Y	N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10559	WELL	2	WELL	A				
55326	TREATMENT PLANT							

## Contact Information

Name			Organization			Job Title		
<b>Roxbury Market Properties LLC</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
26 North St						Roxbury	CT	06783
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): **Owner**

Name			Organization			Job Title		
<b>Mr. Robert Burmann</b>			Roxbury Market Properties LLC			Member		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O. Box 418						Bridgewater	CT	06752
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
			203-948-5151		roxburymarketproperties@gmail.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**

*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		
CT1200014	CHRIST EPISCOPAL CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
CHURCH STREET				1			
Towns Served: ROXBURY							

## 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>
RESPOND TO SANITARY SURVEY	11/13/2019	

## 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>
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	11/23/2024		12/3/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	11/23/2024		12/3/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	11/23/2024		12/3/2024	

## 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				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22073	WELL	2	WELL	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1200014</b>	<b>CHRIST EPISCOPAL CHURCH</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
CHURCH STREET				1			
Towns Served: ROXBURY							

## Contact Information

Name		Organization			Job Title			
<b>Mr. James Lowe</b>		Christ Episcopal Church			Senior Warden			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Senior Warden			PO Box 4			Roxbury	CT	06783
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-354-4113			203-417-5470		christchurchoffice@frontier.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		
<b>CT1200024</b>	<b>ROXBURY CONGREGATIONAL CHURCH</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
24 CHURCH STREET				1			
Towns Served: ROXBURY							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<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		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<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)**

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<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				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22074	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title		
Mr. Rev. David F. Peters			Roxbury Cong. Church			Minister		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
24 Church St						Roxbury	CT	06783
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-1978		860-354-7430		860-355-8830	david@roxburychurch.org			
Contact Role(s): <b>Administrative Contact</b>								

*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		
<b>CT1200024</b>	<b>ROXBURY CONGREGATIONAL CHURCH</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
24 CHURCH STREET				1			

Towns Served: ROXBURY

Name	Organization	Job Title			
<b>Roxbury Cong. Church</b>					
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
24 Church		Roxbury	CT	06783	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-355-1978					

Contact Role(s): **Owner**

Name	Organization	Job Title			
<b>Mr. Fred Karl</b>	Roxbury Cong. Church	Chairperson			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
24 Church Street		Roxbury	CT	06783	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-355-1978				860-355-8830	

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

**Please note the following:**

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

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

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

***End of schedule***

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1200013</b>	<b>162 BAKER ROAD</b>	NC	36	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
162 BAKER ROAD			2	1			
Towns Served: ROXBURY							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<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		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<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)**

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<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		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	4	
<b>Start Date:</b> 9/1/2013		<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
		11/1/2023 - 11/30/2023		
		12/1/2023 - 12/31/2023		
		1/1/2024 - 1/31/2024		
		2/1/2024 - 2/29/2024		
		3/1/2024 - 3/31/2024		
<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>	
pH	Entry Point pH Monitoring (PHRD)	Maximum: 8.0 PH	4	
<b>Start Date:</b> 9/1/2013		<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
		11/1/2023 - 11/30/2023		
		12/1/2023 - 12/31/2023		
		1/1/2024 - 1/31/2024		
		2/1/2024 - 2/29/2024		
		3/1/2024 - 3/31/2024		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1200013</b>	<b>162 BAKER ROAD</b>	NC	36	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
162 BAKER ROAD			2	1			
Towns Served: ROXBURY							

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2026	

## 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	GENERIC DISTRIBUTION	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		WR001	WRAGG REST RM SINK	A	Y	1		
		WR002	MAMIES K HAND SINK 1	A	Y	1		
		WR003	MAMIES K HAND SINK 2	A	Y	1		
		WR004	MAMIES UTIL SINK	A	Y	1		
		WR005	MAMIES PREP SINK	A	Y	1		
		WR006	MAMIES DISHWASH SNK	A	Y	1		
		WR007	MAMIES REST RM SINK	A	Y	1		
		WR008	DAY CARE REST RM	A	Y	1		
		WR009	DAY CARE OFF SINK 1	A	Y	1		
		WR010	DAY CARE OFF SINK 2	A	Y	1		
		WR011	DAY CARE TODDLERS S	A	Y	1		
00700	ENTRY POINT	3	ENTRY POINT	A				
11025	WELL	2	WELL	A				
58213	TREATMENT PLANT							

## Certified Operator Information

Water System Facility: <b>TREATMENT PLANT (WSF ID: 58213)</b>			
Facility Classification: CLASS 1 TREATMENT PLANT			
<b>Operator Name</b>	<b>Operator Type</b>	<b>Certification(s)</b>	<b>Certification Expiration</b>
HURLBUT, ANDREW	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026

## Contact Information

Name		Organization			Job Title	
<b>Roxbury Depot Holding Company LLC</b>						
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
19 Golden Harvest Rd				Roxbury	CT	06783
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
Contact Role(s): <b>Owner</b>						

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
<b>CT1200013</b>	<b>162 BAKER ROAD</b>	NC	36	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
162 BAKER ROAD			2	1				
Towns Served: ROXBURY								
Name			Organization			Job Title		
<b>Mr. Edwin N. Cady, Jr.</b>			Roxbury Depot Holding Co., LLC			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
89 Flag Swamp Rd						Roxbury	CT	06783
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-232-8461				203-232-8387	edwincady@hotmail.com			
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>								

**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		
<b>CT1200094</b>	<b>MINE HILL DISTILLERY &amp; CRAFT CAFE</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
5 MINE HILL ROAD				2			
Towns Served: ROXBURY							

### 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		Out of Service
	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		Out of Service
	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		Out of Service
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

### 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			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y			
		MHD001	2ND FL UTILITY SINK	A	Y			
		MHD002	2ND FL BAR SINK	A	Y			
		MHD003	2ND FL BATHROOM	A	Y			
		MHD004	TRAIN STATION BAR	A	Y			
		MHD005	TOP FLOOR BAR SINK	A	Y			
		MHD006	TOP FL BATHROOM SINK	A	Y			
		MHD007	GROUND FL UTILITY	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
62804	WELL 1	2	WELL 1	A				
62808	ATMOSPHERIC TANKS							

### Contact Information

Name		Organization		Job Title		
<b>Mr. Ronald Neugold</b>		Mine Hill Distillery, LLC		General Manager		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
		5 Mine Hill Road		Roxbury	CT	06783

*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	
<b>CT1200094</b>	<b>MINE HILL DISTILLERY &amp; CRAFT CAFE</b>			NC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
5 MINE HILL ROAD					2			
Towns Served: ROXBURY								
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-210-1872			203-885-6808	608-212-2357	ron@minehilldistillery.com			
Contact Role(s): <b>Administrative Contact, Legal Contact</b>								

**Please note the following:**

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