

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: **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	7/1/24 - 7/31/24		Complete
	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	11/1/24 - 11/30/24		Complete
	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete

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	7/1/24 - 7/31/24		Complete
	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	11/1/24 - 11/30/24		Complete
	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete

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		Complete

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

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)	7/1/24 - 7/31/24		Complete
	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	11/1/24 - 11/30/24		Complete
	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete

Monthly Water System Facility (WSF) Level Monitoring Requirements

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

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
Start Date: 2/1/2012		Compliance History:	Monitoring Compliance Status:
		Monitoring Period	Operating Limit Compliance Status:
		7/1/2024 - 7/31/2024	
		8/1/2024 - 8/31/2024	
		9/1/2024 - 9/30/2024	
		10/1/2024 - 10/31/2024	
		11/1/2024 - 11/30/2024	

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	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/12/23 -	2	7/7/2024		7/17/2024	

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			
			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		
Roxbury Market Properties LLC				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
26 North St		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		
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							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
Contact Role(s): Owner							
Name			Organization		Job Title		
Mr. Robert Burmann			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:							
<ol style="list-style-type: none"> 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		
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	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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				

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		
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							

Contact Information

Name			Organization			Job Title			
Mr. James Lowe			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				
860-355-3695			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		
CT1200024	ROXBURY CONGREGATIONAL CHURCH	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)

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		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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				
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):		Administrative Contact							

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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			
CT1200024	ROXBURY CONGREGATIONAL CHURCH	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		
Roxbury Cong. Church								
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		
Mr. Fred Karl			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		
CT1200013	162 BAKER ROAD	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)**

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		Complete		
	7/1/24 - 8/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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	8/20/24 - 8/25/24		Complete		
	9/4/24 - 9/9/24		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	9/1/24 - 9/30/24		Complete		
	10/1/24 - 10/31/24		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	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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: 11025)**

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)	8/19/24 - 8/25/24		Complete		
	9/3/24 - 9/9/24		Complete		

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	
Start Date: 9/1/2013	Compliance History:	Operating Limit	Monitoring	
	Monitoring Period	Compliance Status:	Compliance Status:	
	7/1/2024 - 7/31/2024			

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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		
CT1200013	162 BAKER ROAD	NC	36	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
162 BAKER ROAD			2	1			

Towns Served: ROXBURY

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
Start Date: 9/1/2013		Compliance History:	Operating Limit
		Monitoring Period	Monitoring Compliance Status:
		8/1/2024 - 8/31/2024	
		9/1/2024 - 9/30/2024	
		10/1/2024 - 10/31/2024	
		11/1/2024 - 11/30/2024	

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Maximum: 8.0 PH	4
Start Date: 9/1/2013		Compliance History:	Operating Limit
		Monitoring Period	Monitoring Compliance Status:
		7/1/2024 - 7/31/2024	
		8/1/2024 - 8/31/2024	
		9/1/2024 - 9/30/2024	
		10/1/2024 - 10/31/2024	
		11/1/2024 - 11/30/2024	

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							

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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		
CT1200013	162 BAKER ROAD	NC	36	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
162 BAKER ROAD			2	1			

Towns Served: ROXBURY

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 58213)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
HURLBUT, ANDREW	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026

Contact Information

Name		Organization			Job Title	
Roxbury Depot Holding Company LLC						
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): **Owner**

Name		Organization			Job Title	
Mr. Edwin N. Cady, Jr.		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				860-355-0887	edwincady@hotmail.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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1200094	MINE HILL DISTILLERY & CRAFT CAFE	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	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

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		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

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

<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	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							

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

Contact Information

Name			Organization			Job Title			
Mr. Ronald Neugold			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
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-210-1872			203-885-6808	608-212-2357	chris@minehilldistillery.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