Connecticut Depa Water Qua					0			ction	
PWS ID PWS Name		loi ilig ai							rimary Source
CT1270014 AMERICAN PIE COMPANY					NC	25	II Owi	P	GW
Local Address (where applicable)		Service	Residen		ommercia	-	rial	Combined	
29 ROUTE 37		Connection			1	i muust	IIai	Combined	Agricultural
Towns Served: SHERMAN					1				
Towns Served. SHERMAN									
Water System Facility: DISTRIBUTION S		oring Req ID: 00600)	luireme	nts	_	_	-	_	_
Total Coliform (3100)							1 rou	itine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitori	ng Per	riod Co	llection P	eriod	Compli	ance Status
Select from Inventory of Active Samplin	g Points		10/1/23 -	12/31	/23			Cc	omplete
			1/1/24 -	3/31/2	24			Co	omplete
			4/1/24 -	6/30/2	24				
			7/1/24 -	9/30/2	24				
Physical Parameters (PPS)							1 rou	itine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitori	ng Per	riod Co	llection P	eriod	Compl	ance Status
Select from Inventory of Active Sampling	g Points		10/1/23 -	12/31	./23			Co	omplete
			1/1/24 -	3/31/2	24			Co	omplete
			4/1/24 -	6/30/2	24				
			7/1/24 -	9/30/2	24				
Water System Facility: ENTRY POINT (NSF ID: 00700)								
Nitrate And Nitrite (NOX)							1	routine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitori	ng Per	riod Co	llection P	eriod	Compl	ance Status
ENTRY POINT (3)			1/1/23 -	12/31/	/23			Co	mplete
			1/1/24 -	12/31/	/24			Co	mplete
			1/1/25 -	12/31/	/25				
Water S	ystem Facil	ity and Sa	ampling	Poin	nt Inver	ntory			
Water	Concelling Delint	Conceller D	- int		Tot		d and		<i>c</i> .
System Water System Facility Facility ID	Sampling Point ID	Description		_	Colife atus Ru		pper o Tior	Ashestas	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO			atus Ru A Y		e nei	Aspestos	WQF 2 DDFN
00000 DISTRIBUTION STSTEIN	4 DOWNSTREAM				A	ſ			
	UPSTREAM	WITHIN 5 SE							
00700 ENTRY POINT	3	ENTRY POIN			A				
22136 WELL	2	WELL	N I		A				
					A				
		ntact Info	rmation						
Name		rganization						Job Title	
Ms. Audrey Day		merican Pie C	Company			Presider	nt		
Mailing Address Line One	Mailing Addres	s Line Two				City		State	Zip Code
29 Rte 37	P O Box 293				Sherma			СТ	06784
Business Phone Extension Fax		ile Phone	Emergency	Phone					
860-350-0662 860-355					america	npieco@a	att.net	t	
Contact Role(s): Administrative Contact, Le	gal Contact, Ow	ner							

PWS ID	PWS Name			Classi	fication	Population	Owner Type	Primary Source
CT1270014	AMERICAN PIE COMPANY			1	NC	25	Р	GW
Local Address (v	/here applicable)	Service	Residen	tial Co	ommercia	al Industria	al Combine	ed Agricultural
29 ROUTE 37		Connections			1			
Towns Served: S	HFRMAN							

Please note the following:

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

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

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

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

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

Water Quality M	nt of Public H Ionitoring and			-		
VS Name				n Population C		imary Source
DLY TRINITY CHURCH			NC	25	P	GW
re applicable)	Service	Residentia	al Comme	rcial Industrial	Combined	Agricultura
	Connections		1			
RMAN			·	·		
IV	Ionitoring Requ	iremen	ts			
cility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
•				1 r	outine (RT)	per quarter
nt (Sampling Point ID)		Monitoring	g Period			ance Status
ventory of Active Sampling Points	:	10/1/23 - 1	2/31/23			
		1/1/24 - 3	/31/24			
		4/1/24 - 6	/30/24			
		7/1/24 - 9	/30/24			
ters (PPS)				1 r	outine (RT)	per quarter
nt (Sampling Point ID)		Monitoring	g Period	Collection Perio	od Compli	ance Status
ventory of Active Sampling Points	:	10/1/23 - 1	2/31/23			
		1/1/24 - 3	/31/24			
		4/1/24 - 6	/30/24			
		7/1/24 - 9	/30/24			
cility: ENTRY POINT (WSF ID: 0	00700)					
ite (NOX)					1 routine (R	T) per year
nt (Sampling Point ID)		Monitoring	g Period	Collection Perio	od Compli	ance Status
(3)		1/1/23 - 12	2/31/23			
		1/1/24 - 12	2/31/24			
		1/1/25 - 12	2/31/25			
Otl	her Compliance	Schedu	les			
Ile Activity		Dı	ie Date	Achieve	ed Date	
TARY SURVEY		3/2	28/2014			
FARY SURVEY		2/	3/2019			
Publi	c Notification R	equiren	nents			
	Compliance	Notice	1	Notification	PN Cert	ification
1	Period	Tier	Require	d Performed	Due to DPH	Received
R Violation	1/1/23 - 3/31/23	3	7/6/202	4	7/16/2024	
s M&R Violation	1/1/23 - 3/31/23	3	7/6/202	4	7/16/2024	
R Violation	10/1/22 - 12/31/22	3	7/6/202	4	7/16/2024	
s M&R Violation	10/1/22 - 12/31/22	3	7/6/202	4	7/16/2024	
R Violation	7/1/22 - 9/30/22	3	-		7/16/2024	
s M&R Violation	7/1/22 - 9/30/22	3	7/6/202	4	7/16/2024	
s M&R Violation	4/1/23 - 6/30/23	3	8/14/202		8/24/2024	
		3	8/14/202	24	8/24/2024	
R Violation	4/1/23 - 6/30/23	5				
	7/1/23 - 9/30/23	3	12/13/20	24	12/23/2024	
R Violation						
R Violation R Violation s M&R Violation	7/1/23 - 9/30/23	3 3	12/13/20 12/13/20	24	12/23/2024	
R Violation R Violation s M&R Violation	7/1/23 - 9/30/23 7/1/23 - 9/30/23	3 3	12/13/20 12/13/20	24	12/23/2024 12/23/2024	
R Violation R Violation Is M&R Violation Water System	7/1/23 - 9/30/23 7/1/23 - 9/30/23	3 3 npling P	12/13/20 12/13/20 Point Inv	24 /entory Total Lead al coliform Coppe	12/23/2024 12/23/2024	Stage
	DLY TRINITY CHURCH are applicable) RMAN RMAN (cility: DISTRIBUTION SYSTEM 3100) at (Sampling Point ID) ventory of Active Sampling Points ters (PPS) at (Sampling Point ID) ventory of Active Sampling Points cility: ENTRY POINT (WSF ID: (ite (NOX) at (Sampling Point ID) (3) (3) Ot ARY SURVEY FARY SURVEY FARY SURVEY Publi A Violation s M&R Violation R Violation s M&R Violation	DLY TRINITY CHURCH ire applicable) Service Connections RMAN Monitoring Requ cility: DISTRIBUTION SYSTEM (WSF ID: 00600) 3100) at (Sampling Point ID) ventory of Active Sampling Points ters (PPS) at (Sampling Point ID) ventory of Active Sampling Points cility: ENTRY POINT (WSF ID: 00700) ite (NOX) at (Sampling Point ID) (3) Cother Compliance ale Activity TARY SURVEY FARY SURVEY Public Notification R N N N N N N N N N N N N N	DLY TRINITY CHURCH Service Connections Residentia re applicable) Service Connections Residentia RMAN Monitoring Requiremen cility: DISTRIBUTION SYSTEM (WSF ID: 00600) 3100) attrian 10/1/23 - 1 ft (Sampling Point ID) Monitoring ventory of Active Sampling Points 10/1/23 - 1 attrian 1/1/24 - 3 attrian 1/1/24 - 12 attrian 1/1/24	DLY TRINITY CHURCH NC applicable) Service Connections Residential Comme 1 RMAN Monitoring Requirements 1 Cility: DISTRIBUTION SYSTEM (WSF ID: 00600) Monitoring Period 3100) Monitoring Period 10/1/23 - 12/31/23 1/1/24 - 3/31/24 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 ters (PPS) Monitoring Period ters (PPS) Monitoring Period ters (PPS) 10/1/23 - 12/31/23 1/1/24 - 3/31/24 1/1/24 - 6/30/24 ventory of Active Sampling Points 10/1/23 - 12/31/23 1/1/24 - 6/30/24 7/1/24 - 9/30/24 cility: ENTRY POINT (WSF ID: 00700) ite (NOX) 1/1/24 - 12/31/23 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/25 - 12/31/23 1/1/24 - 12/31/24 1/1/25 - 12/31/25 Det Date Compliance Service 1/1/24 - 12/31/24 2/3/2019 Monitoring Period 3/3 7/6/202 Solde Activity Due Date Compliance	NC 25 Industrial Commercial Industrial RMAN Monitoring Requirements 1 RMAN Monitoring Period Collection Period Statistical Control 10/1/23 - 12/31/23 1 Ventory of Active Sampling Points 10/1/23 - 12/31/24 0 Ventory of Active Sampling Point ID) Monitoring Period Collection Period Ventory of Active Sampling Points 10/1/23 - 12/31/23 1 Ventory of Active Sampling Points 10/1/23 - 12/31/23 1 Ventory of Active Sampling Points 10/1/23 - 12/31/24 0 Ventory of Active Sampling Point ID) Monitoring Period Collection Period Visiona 1/1/24 - 3/31/24 1/1/24 - 9/30/24 1/1/24 - 9/30/24 Cility: ENTRY POINT (WSF ID: 00700) Vision Collect	NC 25 P re applicable) Service Connections Residential Commercial Industrial Combined RMAN Monitoring Requirements Combined Combined Silon) 1 Industrial Combined Silon) 1 routine (RT) (Collection Period Collection Period Compling Silon) 1 1/1/24 - 3/31/24 Collection Period Compling Ventory of Active Sampling Points 10/1/23 - 12/31/23 I routine (RT) (Collection Period Compling Ventory of Active Sampling Points 10/1/23 - 12/31/24 Collection Period Compling Ventory of Active Sampling Points 10/1/23 - 12/31/24 Collection Period Compling Ventory of Active Sampling Points 10/1/23 - 12/31/24 Collection Period Compling Ventory of Active Sampling Point ID) Monitoring Period Collection Period Compling Ventory of Active Sampling Point ID) Monitoring Period Collection Period Compling Ventory of Active Sampling Point ID) Monitoring Period Collection Period Compliance

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT1270074 HOLY TRINITY CHURCH NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 15-17 ROUTE 37 1 Towns Served: SHERMAN Water System Facility and Sampling Point Inventory Lead and **Total** Water Sampling Point Sampling Point Water System Facility Coliform System Copper Staae Description ID Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM γ Δ DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 ENTRY POINT Α WELL 2 WELL 22142 A **Contact Information** Organization Name Job Title Mr. Richard Gemza Holy Trinity Church Pastor Mailing Address Line One Mailing Address Line Two Citv State Zip Code 15 CT-37 PO Box 97 06784 Sherman CT **Business Phone** Emergency Phone Email Address Extension Fax **Mobile Phone** 860-354-1414 PARISHOFFICE@HTRCCSHERMAN.ORG Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1

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

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

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

	Connecticut Department	of Public H	lealth	Dri	inkir	ng V	Water	r Se	ection	
	Water Quality Mon	nitoring an	d Con	npli	ance	e Sc	hedu	le		
PWS ID	PWS Name	<u> </u>		Class	ificatio	n Po	opulatior	n Ow	ner Type	Primary Source
CT1270094	MALLORY TOWN HALL				NC		112		L	GW
Local Address	(where applicable)	Service	Residen	tial C	Comme	rcial	Industr	rial	Combined	Agricultural
9 ROUTE 39 SC	DUTH	Connections			1					
Towns Served:	SHERMAN									
	Мо	nitoring Requ	iireme	nts						
Water Syster	n Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)								
Total Colifor	rm (3100)							1 rc	outine (RT) per month
Sampling	Point (Sampling Point ID)		Monitori	ng Pe	riod	Coll	ection Pe	eriod	Comp	iance Status
Select fro	om Inventory of Active Sampling Points		11/1/23 -	11/3	0/23				C	omplete
			12/1/23 -	12/3	1/23					omplete
			1/1/24 -	-						omplete
			2/1/24 -							omplete
			3/1/24 -							omplete
			4/1/24 -							·
			5/1/24 -							
			6/1/24 -							
			7/1/24 -							
			8/1/24 -							
			9/1/24 -							
			10/1/24 -							
Total Colifor	rm (3100)			10,0	_,			3 r	eneat (RP) per period
	Point (Sampling Point ID)		Monitori	na Pe	riod	Coll	ection Pe		• •	iance Status
	om Inventory of Active Sampling Points		1/12/24	-				crica		omplete
	ameters (PPS)		1,12,24	1,1,	/ 2 4			1 rc) per month
-	Point (Sampling Point ID)		Monitori	na Pe	riod	Coll	ection Pe		-	iance Status
	om Inventory of Active Sampling Points		11/1/23 -	-		con	cetton r	criou		omplete
Selectino	in inventory of Active Sampling Founts									
			12/1/23 -							omplete
			1/1/24 -							omplete
			2/1/24 -							omplete omplete
			3/1/24 -						U	Jinpiete
			4/1/24 -							
			5/1/24 -							
			6/1/24 -							-
			7/1/24 -							
			8/1/24 -							
			9/1/24 -							
Mator Syster	n Facility: ENTRY POINT (WSF ID: 007		10/1/24 -	10/3	1/24					
		00)						1	tine (DT)	nou and the s
Nitrate (104	-		Monitori	na De	riod	Coll	ection Pe			per quarter
	Point (Sampling Point ID)		Monitori	-		COII	ection Pe	eriod		iance Status
ENTRY PC	כן דאור)		10/1/23 -							omplete
			1/1/24 -						C	omplete
			4/1/24 -							
A.1. 1. 1			7/1/24 -	9/30,	/24					
Nitrite (104	-			_					-	RT) per year
Sampling	Point (Sampling Point ID)		Monitori	ng Pe	riod	Coll	ection Pe	eriod	Comp	iance Status

		cut Department of ater Quality Monit				<u> </u>			ction	
PWS ID	PWS Name	Q							er Type P	rimary Source
CT1270094	MALLORY TOW	'N HALL			NC		112		L	GW
Local Address	s (where applicable))	Service	Residentia	l Comme	ercial	Industri	al (Combined	Agricultura
9 ROUTE 39 S	SOUTH		Connections		1					
Towns Served	d: SHERMAN									
		Monit	oring Requ	irement	ts					
-		RY POINT (WSF ID: 00700)								
Nitrite (10	•								-	RT) per year
	g Point (Sampling I	Point ID)		Monitoring		Colle	ection Pe	riod		iance Status
ENTRYP	POINT (3)			1/1/23 - 12						omplete
				1/1/24 - 12 1/1/25 - 12					L	omplete
Mator Syste	m Eacility: M/ELL	L (WSF ID: 22144)	-	1/1/25 - 12	/31/25					
E. Coli (301	•	. (VV3F1D. 22144)					1	trigg	arad (TG) per period
	g Point (Sampling I	Point ID)	1	Monitoring	Period	Colle	ction Pe		-	iance Status
WELL (2				1/11/24 - 1						omplete
	Monthly	y Water System Faci	lity (WSE) L	evel Mo	nitori	ng Re	auire	men		
Mator Syste		Y POINT (WSFID: 00700)	, (1101.) 2			18 110	quire			
Analyte	•	nitoring Requirement (Summ		Operat	ting Limit				amples R	eq/Month
pH		y Point pH Monitoring (PHRI							-	4
	e: 1/1/2015			nce History			ting Limi	:+	Monito	-
			-	ng Period		-	liance St			ance Status:
			11/1/202	23 - 11/30/2	2023					
			12/1/202	23 - 12/31/2	2023					
			1/1/2024	- 1/31/202	24					
				- 2/29/202						
				- 3/31/202						
		Public No	tification R	equirem	nents					
		(Compliance	Notice			ication			<u>tification</u>
Violation/Sit		10/1	Period	Tier	Require		Performe		ie to DPH	
Total Coliforn	m MCL Violation		/05 - 12/31/05	2	12/8/20			12	/18/2005	
		Water System Facil	ity and San	npling P	oint In	vent	-			
Water	latar System Eacility	y Sampling Doint	Sampling Poin	+		Total Colifor				Staas
System W Facility ID	ater System Facility	y sumpling Point ID	Description	n.		Colifor Rule			Asbestos	Stage WQP 2 DBP
	STRIBUTION SYSTEM	VI 4	DISTRIBUTION	SYSTEM	<u>Status</u> A	Ŷ				
			WITHIN 5 SERV		A	-				
		UPSTREAM	WITHIN 5 SERV	VICE CON	А					
00700 EN	NTRY POINT	3	ENTRY POINT		А					
22144 W	'ELL	2	WELL		А					
59153 TR	REATMENT PLANT									
		Cor	ntact Inform	nation						
			rganization						Job Title	
Name		0	-				irst Selec			
Name Mr. Don Low	re in the second se		own of Sherman	1			list selet	LIIIdii		
	-			1		F	City	LIIIdii	State	Zip Code

Schedule Generation Date: 4/3/2024

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source PWS ID **PWS Name** MALLORY TOWN HALL L CT1270094 NC 112 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural

9 ROUTE 39 SOUTH

Towns Served: SHERMAN

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-355-1139				860-778-3394	dlowe@townofshermanct.org
	•				·

1

Connections

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

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

	Connecticut Dep Water Ou	artment of ality Monit				U	·		ection	
PWS ID	PWS Name		or mg and		*				wper Type	Primary Source
CT1270124	SHERMAN GREEN MARKET				NC		25		P	GW
	where applicable)	FLACE - WELL #1	Service	Residen		- nmercia		trial	Combine	
3 ROUTE 39 NC			Connections	Residen		2		triar	combine	a Agricultural
Towns Served:						2				
Towns Served.		Monita	aring Dogu	iromo	nta					
Water System	n Facility: DISTRIBUTION		oring Requ D: 00600)	meme	iits			_	_	
Total Colifor	m (3100)							1 r	outine (RT) per quarter
Sampling	Point (Sampling Point ID)			Monitori	ing Perio	d C	ollection	Perio	d Comp	liance Status
Select from	m Inventory of Active Samplin	ng Points	:	10/1/23 -	· 12/31/2	23			(Complete
				1/1/24 -	3/31/24	ļ			(Complete
				4/1/24 -	6/30/24	ŀ				
				7/1/24 -	9/30/24	ļ				
Physical Para	ameters (PPS)							1 re	outine (RT) per quarter
Sampling	Point (Sampling Point ID)			Monitori	i <mark>ng Perio</mark>	d C	ollection l	Perio	d Comp	liance Status
Select from	m Inventory of Active Sampli	ng Points		10/1/23 -	12/31/2	23			(Complete
				1/1/24 -	3/31/24	ļ			(Complete
				4/1/24 -	6/30/24	ļ				
				7/1/24 -	9/30/24	ŀ				
Water System	n Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate (104	0)							1 re	outine (RT) per quarter
Sampling	Point (Sampling Point ID)			Monitori	i <mark>ng Perio</mark>	d C	ollection l	Perio	d Comp	liance Status
ENTRY PO	INT (3)			10/1/23 -	12/31/2	23			(Complete
				1/1/24 -	3/31/24	۱ <u> </u>			(Complete
				4/1/24 -	6/30/24	ļ				
				7/1/24 -	9/30/24					
Nitrite (1041	•									(RT) per year
	Point (Sampling Point ID)			Monitori	-		ollection	Perio		liance Status
ENTRY PO	INT (3)			1/1/23 -						Complete
				1/1/24 -					(Complete
				1/1/25 -	12/31/2	5				
		Other Co	ompliance	Sched	lules					
Compliance Sc	hedule Activity				Due Date	2	Acl	hieve	d Date	
CROSS CONNE	CTION EXEMPTION				3/1/2028	3				
		Public Not	ification R	equire	ement	s				
		C	ompliance	Notice	<u><u>P</u>L</u>	ublic No	otificatior	1	PN Ce	rtification
Violation/Situa	ation		Period	Tier	Req	uired	Perform	ned	Due to DP	H Received
Nitrate M&R V	iolation	7/1/	/22 - 9/30/22	3	7/6/	/2024			7/16/2024	1
	Water	System Facili	ty and Sar	npling	Point	Inve	ntory			
Water			-				-	ad an	d	
	ter System Facility	Sampling Point		nt		Coli		oppe		Stage
Facility ID		ID	Description		Stat	us R	ule Ru	le Ti	er Asbesto	s WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	I A		Y			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N A					
		UPSTREAM	WITHIN 5 SER	VICE CON	N A					
00700 ENT	RY POINT	3	ENTRY POINT		A					

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source SHERMAN GREEN MARKETPLACE - WELL #1 Ρ CT1270124 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **3 ROUTE 39 NORTH** 2 Towns Served: SHERMAN Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR **Status** 2 WELL #1 22146 WELL #1 Δ **Contact Information** Name Organization Job Title Mr. Philip Korsant Sherman Town Center, LLC Mailing Address Line One Mailing Address Line Two Citv State Zip Code 119 Washington Avenue Suite 505 FL 33139 Miami Beach Emergency Phone Email Address **Business Phone** Extension Fax **Mobile Phone** 212-897-5660 pbkorsant@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.

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

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

	Connections	nontro ant al	Duble		Drainal	incl	Mata		ation	
	Connecticut De	*				0			ction	
	Water Q	uality Monit	oring an	d Corr						
PWS ID	PWS Name				Classificat	tion Po	opulation	Owi	ner Type	rimary Source
CT127013	4 SHERMAN VOLUNTEER	FIRE DEPARTMENT	1		NC		25		L	GW
Local Add	ress (where applicable)		Service	Residen	tial Comr	nercial	Industr	ial	Combined	Agricultura
ROUTE 39			Connections			1				
Towns Sei	rved: SHERMAN									
		Monite	oring Requ	iireme	nts					
Water Sy	stem Facility: DISTRIBUTIC	ON SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)						:	1 rou	itine (RT)	per quarter
Sam	oling Point (Sampling Point ID)			Monitori	ng Period	Coll	lection Pe	eriod	Compl	iance Status
Selec	ct from Inventory of Active Sam	pling Points		10/1/23 -	12/31/23				Co	omplete
				1/1/24 -	3/31/24				Co	omplete
				4/1/24 -	6/30/24					
				7/1/24 -	9/30/24					
Physical	Parameters (PPS)						:	1 rou	itine (RT)	per quarter
Sam	oling Point (Sampling Point ID)			Monitori	ng Period	Coll	lection Pe	eriod	Compl	iance Status
Selec	t from Inventory of Active Sam	pling Points			12/31/23					omplete
					3/31/24				Co	omplete
					6/30/24					
				7/1/24 -	9/30/24					
	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
	And Nitrite (NOX)								-	RT) per year
	oling Point (Sampling Point ID)				ng Period	Coll	lection Pe	eriod		iance Status
ENTF	RY POINT (3)				12/31/23				Co	omplete
					12/31/24	_				
					12/31/25					
		Other C	ompliance	Sched	ules					
Complian	ce Schedule Activity				Due Date		Achie	eved	Date	
RESPOND	TO SANITARY SURVEY			8	/28/2008					
RESPOND	TO SANITARY SURVEY				1/7/2015					
RESPOND	TO SANITARY SURVEY			8	/21/2019					
	Wate	er System Facili	ity and Sar	npling	Point I	nven	tory			
Water						Toto	al Lead	l and		
System	Water System Facility	Sampling Point		nt		Colifo		-		Stage
Facility ID)	ID	Description		Status	, Rul	e Rule	e Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	А	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A					
		UPSTREAM	WITHIN 5 SER	VICE CON						
00700	ENTRY POINT	3	ENTRY POINT		А					
58378	TREATMENT PLANT									
58380	STORAGE TANKS									
62374	WELL #3	2	WELL #3		Α			_		
		Con	tact Inform	nation						
Name		0	rganization						Job Title	
Sherman										
Mailing A	ddress Line One	Mailing Addres	s Line Two			1	City		State	Zip Code
NOTE: This i	nformation has been provided to help	owners and operators of	nublic water syste	ms maintai	in complianc	o with dr	inking wat	or aua	litu monitorii	a roquiromonto

		· · · · ·			0			1					
PWS ID P	WS Name							Clas	ssification	Population	n Ow	vner Type	Primary Source
CT1270134 S	HERMAN VOLU	INTEER FIRE	DEPAR	TMENT					NC	25		L	GW
Local Address (wh	ere applicable)				Service	Res	siden	tial	Commerc	ial Industi	rial	Combine	ed Agricultural
ROUTE 39					Connectio	ons			1				
Towns Served: SH	ERMAN												
Business Phone	Extension	Fax		Mobi	ile Phone	Emerg	gency	' Phc	ne Email /	Address			
Contact Role(s):	Owner												
Name				0	rganization							Job Title	е
Mr. Clay Cope				Тс	own of Shei	rman				First Sele	ectma	an	
Mailing Address Li	ine One		Mailin	g Addres	s Line Two					City		State	Zip Code
9 Route 39 North			P. O. B	ox 39					Sherm	an		СТ	06784-0039
Business Phone	Extension	Fax		Mobi	ile Phone	Emerg	gency	Phc	ne Email	Address			
860-355-1139		860-355-	6943						ccope	@townofsh	erma	anct.org	
Contact Role(s):	Administrative	Contact, Leg	gal Cont	act									

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.

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

203-791-4451 203-792-9260	917-362-8130 ma	al@clubriveroaks.com	1
Business Phone Extension Fax Mobile Phone	0 /		
2 Evans Hill Rd		erman	CT 06784
Mailing Address Line One Mailing Address Line T	wo	City	State Zip Cod
	s Golf Club, LLC	Owner, Manag	
Name Organiza			Job Title
Contact	Information		
56521 TREATMENT PLANT			
48699 WELL 2 2 WELL			
	POINT A		
	N 5 SERVICE CON A		
DISTRIBUTION SYSTEM 4 DISTR DOWNSTREAM WITH			
,	BUTION A	Y	ASUESTOS WQF 21
System Water System Facility Sampling Point Samp Facility ID ID Descri	intion	Coliform Copper Rule Rule Tier	St Asbestos WQP 2
Water		Total Lead and	
Water System Facility ar		ventory	
CROSS CONNECTION SURVEY REPORT CROSS CONNECTION SURVEY REPORT	3/1/2020 3/1/2029		
Compliance Schedule Activity	Due Date	Achieved I	Date
-	iance Schedules		
	1/1/25 - 12/31/25		
	1/1/24 - 12/31/24		Complete
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Sta
Nitrate And Nitrite (NOX)		1	routine (RT) per y
Water System Facility: ENTRY POINT (WSF ID: 00700)			
	7/1/24 - 9/30/24		
	4/1/24 - 6/30/24		
Sciect non inventory of Active Sumpling Forms	1/1/24 - 3/31/24		Complete
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23	conection renou	Complete
Physical Parameters (PPS) Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	tine (RT) per qua <i>Compliance Sta</i>
Develoal Parameters (PDS)	7/1/24 - 9/30/24	1	ting (PT) par aug
	4/1/24 - 6/30/24		
	1/1/24 - 3/31/24		Complete
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Sta
Total Coliform (3100)		1 rou	tine (RT) per qua
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Monitoring	Requirements		
Towns Served: SHERMAN			I
	ections 2		
Local Address (where applicable) Service			Combined Agricul
PWS ID PWS Name CT1270204 CLUB RIVER OAKS	NC	ion Population Own 25	P GW
Water Quality Monitorin	<u> </u>		Dimen C
*		U	CUOII
Connecticut Department of Pub	lic Health Drinki	nσ Water Se	CTION

				0						
PWS ID	PWS Name					Class	sification	Population	Owner Type	Primary Source
CT1270204	CLUB RIVER OAKS						NC	25	Р	GW
Local Address (w	here applicable)			Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural
2 EVANS HILL RO	AD			Connections			2			
Towns Served: SI	HERMAN							1		1
Contact Role(s):	Administrative Co	ntact, Leg	al Contact							
Name	1		Or	ganization					Job Titl	e
River Oaks of Sh	erman Golf Club LL	С								
Mailing Address	Line One		Mailing Address	Line Two				City	State	Zip Code
2 Evans Hill Rd							Sherm	an	СТ	06784
Business Phone	e Extension	Fax	Mobil	e Phone E	mergency	/ Phor	ne Email /	Address		
Contact Role(s):	Legal Contact, Ow	ner								
Please note the	ollowing:									
a				1	1.1.1					

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

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	Connecticut Depar				C			
	Water Quali	ty Mo	nitoring and	d Com	pliance S	Schedule		
PWS ID	PWS Name		0		Classification	Population O	wner Type Pr	imary Source
CT1270224	SHERMAN PARK & BEACH PAV	ILION			NC	25	L	GW
Local Address (v	where applicable)		Service	Resident	ial Commerci	al Industrial	Combined	Agricultural
15-21 SAWMILL	ROAD		Connections				1	
Towns Served: S	SHERMAN							
		Мо	nitoring Requ	iremer	nts			
Water System	Facility: DISTRIBUTION SYS		• •					
Total Coliforn							routine (RT)	•
	Point (Sampling Point ID)			Monitorin	-	ollection Perio	d Compli	ance Status
Select from	n Inventory of Active Sampling P	oints		5/1/24 - 5				
				6/1/24 - 6				
				7/1/24 - 1				
				8/1/24 - 8				
				9/1/24 - 9	9/30/24			
Physical Para							routine (RT)	•
	Point (Sampling Point ID)			Monitorin	-	ollection Perio	od Complia	ance Status
Select from	n Inventory of Active Sampling P	oints		5/1/24 - 5				
				6/1/24 - 6				
				7/1/24 - 1				
				8/1/24 - 8				
				9/1/24 - 9	9/30/24			
-	Facility: ENTRY POINT (WS	SF ID: 007	/00)					
Nitrate And N	· ·						1 routine (R	
	Point (Sampling Point ID)			Monitorin		ollection Perio		ance Status
ENTRY POI	NT (3)			1/1/23 - 1			Со	mplete
				1/1/24 - 1				
				1/1/25 - 1				
		Othe	r Compliance	Schedu	ules			
Compliance Sch	edule Activity			D	ue Date	Achieve	d Date	
SEASONAL STAF	RT UP COMPLETION			5	/1/2024			
		Public I	Notification R	equire	ments			
			Compliance	Notice	Public N	otification	<u>PN Cert</u>	i <u>fication</u>
Violation/Situa			Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform N			9/1/23 - 9/30/23	3	12/10/2024		12/20/2024	
Physical Parame	eters M&R Violation		9/1/23 - 9/30/23	3	12/10/2024		12/20/2024	
	Water Sys	stem Fa	cility and Sar	npling	Point Inve	ntory		
Water						otal Lead a		
System Wate Facility ID	er System Facility Sc	impling Po ID	oint Sampling Poir Description	nt		form Coppe ule Rule Ti	r er Asbestos	Stage WOP 2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	<u>Status</u> A			
		-	AM WITHIN 5 SER		A			
	D	UPSTREA			A			
00700 ENTF	RY POINT	3	ENTRY POINT		A			
	LION WELL	2	PAVILION WE		A			
57554 FAVI		۷		L L	~			

				0		_					
PWS ID	PWS Name					Cla	ssification	Population	Owner Typ	e Pi	rimary Source
СТ1270224	SHERMAN PARK & BI	EACH P/	AVILION				NC	25	L		GW
Local Address (w	Il Address (where applicable) So			Service	Resider	ntial Commerc		al Industri	al Combined		Agricultural
15-21 SAWMILL	ROAD			Connections					1		
Towns Served: S	HERMAN						·	·	·		

	Co	ontact Inf	ormation					
Name					Job Title			
Mr. Don Lowe					First Selectman			
Mailing Address Line One Mailing Add					City		Zip Code	
9 Route 39 North				Shermar	1	СТ	06784	
Fax	Mo	bile Phone	Emergency Phone	Email Address				
			860-778-3394	dlowe@townofshermanct.org				
-		Mailing Addr	Organization Town of She Mailing Address Line Two		Organization Town of Sherman Mailing Address Line Two Sherman Sherman Fax Mobile Phone	Organization First Selection Town of Sherman First Selection Mailing Address Line Two City Sherman Sherman	$\begin{tabular}{ c c c c } \hline \begin{tabular}{ c c c c } \hline \begin{tabular}{ c c c c c } \hline \begin{tabular}{ c c c c c c } \hline \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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	Connecticut D Water (^	Ionitoring			0					
PWS ID	PWS Name	zuancy n	Tomtoring				opulation O		rimary Sourc		
CT1270244	SHERMAN LIBRARY				N		25	L	GW		
	where applicable)		Service	Residentia		nmercia		Combined			
L SHERMAN CTH			Connecti				industrial	1	, Britania		
Towns Served: S								_			
		Ν	/ Ionitoring Re	equiremen	ts						
Nater System	Facility: DISTRIBUTIO	ON SYSTEM	(WSF ID: 00600))							
Total Coliforn	n (3100)						1 r	outine (RT)	per quarter		
Sampling F	Point (Sampling Point ID)		Monitoring	g Perio	od Co	llection Perio	d Compl	iance Status		
Select from	n Inventory of Active Sam	pling Points		10/1/23 - 1	2/31/2	23		Co	omplete		
				1/1/24 - 3	/31/24	4		Co	omplete		
				4/1/24 - 6	/30/24	4					
				7/1/24 - 9	/30/24	4					
Physical Para	meters(PPS) Point (Sampling Point ID)		Monitoring	n Doric	d Co	1 r Ilection Perio	• •	per quarter <i>iance Status</i>		
	n Inventory of Active Sam			10/1/23 - 1	-				omplete		
Sciect iron	Thiventory of Active Sun			1/1/24 - 3					Complete		
									mpiete		
					4/1/24 - 6/30/24 7/1/24 - 9/30/24						
Nater System	Facility: ENTRY POIN	IT (WSF ID:	00700)		<u> </u>						
Nitrate And N	litrite (NOX)							1 routine (RT) per yea		
Sampling F	Point (Sampling Point ID)		Monitoring	·		llection Perio	d Compl	iance Status		
ENTRY POI	NT (3)			1/1/23 - 12	2/31/2	3		Co	omplete		
				1/1/24 - 12							
				1/1/25 - 12							
		Publ	ic Notificatio	n Requiren	nent	S					
			Compliance	e Notice			<u>tification</u>		<u>tification</u>		
Violation/Situa			Period	Tier			Performed		Received		
Total Coliform N			4/1/23 - 6/30/			1/2024		8/31/2024			
Physical Parame	eters M&R Violation	_	4/1/23 - 6/30/			1/2024		8/31/2024			
	Wate	er System	Facility and	Sampling F	Point	Inven	itory				
Water	en Guetere Freilitu	Courselles	a Deint Complian	Delint		Tot					
System Wate Facility ID	er System Facility	Sampiin II	g Point Sampling D Description		_	Colife tus Ru			Stage WQP 2 DBP		
	RIBUTION SYSTEM			TION SYSTEM	Star		ie nuie ii	er Asbestos	WQr 2 DDr		
00000 DISTI			TREAM WITHIN 5		A A						
		UPSTI		SERVICE CON	A						
00700 ENTF	RY POINT	3			A						
59839 WELI		2			A						
59859 WEL		2	Contact Inf	formation							
lama			Organizatior					Job Title			
Name Ms. Joan Lauciu		Job Title Pres. Board of Trust									
As. Joan Laucius Sherman Library Mailing Address Line One Mailing Address Line Two							City	State	Zip Code		
P.O. Box 40		iviaiiiig	Address Line TWO			Shermar		CT	06784		
Business Phor	ne Extension	Fax	Mobile Phone	Emergency P					00704		
860-354-245		I UA	WOULD FILONE	Lineigency P		sl@bibli					
	-			1			0				

Schedule Generation Date: 4/3/2024

				0		1						
PWS ID	PWS Name					Classification		Population	Owner Type	Primary Source		
CT1270244	SHERMAN LIBRA	RY					NC	25	-			
Local Address (w	here applicable)			Service	Resider	tial C	ommerci	al Industri	al Combine	ed Agricultural		
1 SHERMAN CTR				Connections					1			
Towns Served: S	HERMAN				1							
Contact Role(s):	Legal Contact, O	wner										
Name			Or	ganization	ation				Job Title			
Ms. Ashleigh Bla	ke		She	erman Library	Y			Executive Director				
Mailing Address	Line One		Mailing Address	Line Two			City State Zip C			Zip Code		
1 Sherman Cente	er		P.O. Box 40				Sherm	man CT 06784				
Business Phon	e Extension	Fax	Mobil	e Phone E	mergency	/ Phon	e Email /	l Address				
860-354-2455							ablake	ablake@biblio.org				
Contact Role(s):	Administrative (Contact										
Please note the	following:											

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

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