	Connection	cut Departme	nt of	Public	Health I	Orin	king	g Wa	ater S	Sectio	n	
		iter Quality N					_	_				
PWS ID	PWS Name	teor Quarrey 1	101110	oring a			cation				oe P	rimary Source
CT1400054	EAGLE ROCK CO	NG. CHURCH				N		2		Р		GW
	(where applicable)			Service	Residentia	al Cor	mmerc	ial In	dustrial	Comb	ined	Agricultural
	S BRIDGE ROAD			Connection			1					
Towns Served	: THOMASTON											
		N	/lonite	oring Red	quiremen	ts						
Water Syste	m Facility: DISTI	RIBUTION SYSTEM	(WSF I	D: 00600)								
Total Colifo	rm (3100)								1 r	outine (RT)	per quarter
Sampling	g Point (Sampling F	Point ID)			Monitoring	, Perio	od C	Collecti	on Perio	od Co	mpli	ance Status
Select fro	om Inventory of Ac	tive Sampling Points			10/1/23 - 1	2/31/2	23				Со	mplete
					1/1/24 - 3	/31/2	4					
					4/1/24 - 6	/30/24	4					
					7/1/24 - 9	/30/24	4					
Physical Par	rameters (PPS)								1 r	outine (RT)	per quarter
	g Point (Sampling I				Monitoring	, Perio	od C	Collecti	on Perio	od Co	mpli	ance Status
Select fro	om Inventory of Ac	tive Sampling Points			10/1/23 - 1	2/31/2	23				Со	mplete
					1/1/24 - 3							
					4/1/24 - 6							
					7/1/24 - 9	/30/24	4					
Water Syste	m Facility: ENT R	Y POINT (WSF ID:	00700)									
Nitrate And	Nitrite (NOX)									1 routir	ne (R	T) per year
	g Point (Sampling I	Point ID)			Monitoring			Collecti	on Perio	od Co		ance Status
ENTRY P	OINT (3)				1/1/23 - 12						Со	mplete
					1/1/24 - 12							
					1/1/25 - 12	2/31/2	!5					
		Water System	Facili	ity and Sa	ampling P	oint	Inve	entor	У			
Water							T	otal	Lead a	nd		
	ater System Facility		_	Sampling P				iform	Coppe			Stage
Facility ID		-		Description		Stat	LUS	Rule	Rule T	ier Asbe	stos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM		ļ 		ON SYSTEM	Α		Υ				
					SERVICE CON	Α						
		UPST			ERVICE CON	A						
	TRY POINT		3	ENTRY POIN	NI	A						
22294 WE	ELL	-	2	WELL		А	١					
			Con	tact Info	rmation							
Name			0	rganization						Job T	itle	
Ms. Donna Se			Ea	agle Rock Co	ng Church		1	Trus	stee			
Mailing Addre		Mailing	Addres	s Line Two				Cit	ty	Stat	:e	Zip Code
110 Reynolds	_	PO Box					Thoma			СТ	•	06787
Business Ph	one Extension	Fax	Mobi	le Phone	Emergency P	hone	Email /	Addres	S			

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.

203-598-7399

dseverson@wtbyhosp.org

860-309-8462

Contact Role(s): Administrative Contact

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

	Water Quarty From	31 11118 a111	4 0011	ipiiaiiee i	Jene a a		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1400054	EAGLE ROCK CONG. CHURCH			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
110 REYNOLDS	BRIDGE ROAD	Connections		1			
Towns Served:	THOMASTON						

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

	Connactic	ut Donastna	nt of	Dublic	Hoolth I)ni	lrina	TAZO	ton	Cost	ion		
		ut Departme					_				ion		
	Wa	ter Quality N	Ionit	oring a	nd Comp	olia	nce S	che	dule				
PWS ID	PWS Name				C	lassifi	cation	Popula	ation C	wner	Type I	Primary	Source
CT1400104	SILVERBACKS BA	AR AND GRILL				N	С	25	j	Р		GV	V
Local Address (w	here applicable)			Service	Residentia	al Co	mmercia	al Inc	lustrial	Co	mbine	Agric	ultural
2627 WATERBUR	Y ROAD			Connection	ns		1						
Towns Served: Th	HOMASTON												
Water System F	Facility: DISTR	IBUTION SYSTEM			quiremen	ts							
Total Coliform	-	IDOTTON STSTEM	(0031 1	D. 00000j					1 -	outin	o (DT)	per qu	artor
	oint (Sampling P	oint ID)			Monitoring	ı Perio	nd Co	allectic	n Perio			liance S	
		ive Sampling Points			10/1/23 - 1			meene	m r cm	<i>,</i> u		omplete	
Sciece iroini	mventory of Act	ive sampling rollies			1/1/24 - 3							ompiete	
					4/1/24 - 6								
					7/1/24 - 9	•							
Physical Param	neters (PPS)				., _,	, _			1 r	outin	e (RT)	per qu	arter
-	oint (Sampling P	oint ID)			Monitoring	ı Perio	od Co	ollectio	n Perio			liance S	
		ive Sampling Points			10/1/23 - 1							omplete	
	•	· <u> </u>			1/1/24 - 3							•	
					4/1/24 - 6	/30/2	4						
					7/1/24 - 9	/30/2	4						
Water System F	acility: ENTR	Y POINT (WSF ID:	00700)										
Nitrate And Ni	trite (NOX)									1 rou	ıtine (RT) pei	year
Sampling Po	oint (Sampling P	oint ID)			Monitoring	Perio	od Co	ollectio	n Perio	od	Comp	liance S	tatus
ENTRY POIN	IT (3)				1/1/23 - 12	2/31/2	23				C	omplete	9
					1/1/24 - 12	2/31/2	24						
					1/1/25 - 12	2/31/2	25						
		Water System	Facili	ity and S	ampling P	oint	Invei	ntory	/				
Water							То	tal	Lead ai	nd			
-	r System Facility	Samplin	ng Point	Sampling F			Colif	form	Coppe	r			Stage
Facility ID			D	Description	1	Sta	tus Ri	ule	Rule Ti	ier As	bestos	WQP	2 DBPR
00600 DISTR	IBUTION SYSTEM		4		ION SYSTEM	A	`	Y					
		DOWNS	STREAM		SERVICE CON	Α	١.						
		SI	P2	BAR SINK		Α	`	Y					
		UPST	REAM	WITHIN 5 S	SERVICE CON	Α	١						
	POINT	;	3	ENTRY POI	NT	Α	١						
22299 WELL		:	2	WELL		Α	١						
					rmation								
Name			0	rganization						Jo	b Title		
Rat Pack Motorc													
Mailing Address	Line One	Mailing	Addres	s Line Two				Cit	У	9	State	Zip C	
P.O. Box 4788	F.4 .	F.	0.4.1.	I - DI	F	la a c	Waterb				СТ	06704-	4788
Business Phone		Fax	IVIODÍ	le Phone	Emergency P	none							
203-754-7225 Contact Role(s):							Tlsail2@	niotm	aii.com	ı			
	Owner												

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onnecticu	t Depa	irtment of	Public	Health	Drin	iking	water	Section	n	
Wate	er Qua	lity Monite	oring ar	nd Com	plia	nce S	chedul	e		
WS Name					Classifi	cation F	opulation	Owner Typ	e Pr	imary Source
ILVERBACKS BAR	AND GRIL	L			N	С	25	Р		GW
ere applicable)			Service	Resident	ial Co	mmercia	Industria	al Combi	ned	Agricultural
ROAD			Connection	S		1				
OMASTON							1			1
		Or	ganization					Job Ti	tle	
, Esq.		Ra	t Pack Moto	rcycle Club			Attorney			
ne One		Mailing Address	Line Two				City	Stat	е	Zip Code
						Waterbu	ıry	СТ	C	6705-4788
Extension	Fax	Mobil	e Phone	Emergency	Phone	Email Ad	ddress			
egal Contact		1								
		Or	ganization					Job T	tle	
		Ric	ders Realty				Treasurer			
ne One		Mailing Address	Line Two				City	Stat	е	Zip Code
						Waterbu	ıry	СТ		06704
Extension	Fax	Mobil	e Phone	Emergency	Phone	Email Ad	ddress			
				203-232-1	793	franwpd	@hotmail.	com		
	Wate WS Name ILVERBACKS BAR ere applicable) ROAD OMASTON Esq. ne One Extension Legal Contact	Water Qual WS Name ILVERBACKS BAR AND GRIL ere applicable) ROAD OMASTON Feq. ne One Extension Fax Legal Contact	Water Quality Monitor WS Name ILVERBACKS BAR AND GRILL ere applicable) ROAD OMASTON Or , Esq. Ra ne One Extension Fax Mobil Legal Contact Or Ric ne One Mailing Address	Water Quality Monitoring are WS Name RILVERBACKS BAR AND GRILL ere applicable) ROAD OMASTON Organization Rat Pack Moto ne One Extension Fax Mobile Phone Legal Contact Organization Riders Realty ne One Mailing Address Line Two	Water Quality Monitoring and Com WS Name BLVERBACKS BAR AND GRILL ere applicable) FROAD OMASTON Organization Fax Rat Pack Motorcycle Club ne One Mailing Address Line Two Extension Fax Mobile Phone Emergency Legal Contact Organization Riders Realty ne One Mailing Address Line Two Extension Riders Realty ne One Mailing Address Line Two	Water Quality Monitoring and Complia WS Name Classifi BLVERBACKS BAR AND GRILL ROAD PROAD Connections OMASTON Organization Rat Pack Motorcycle Club ne One Mailing Address Line Two Legal Contact Organization Riders Realty ne One Mailing Address Line Two	Water Quality Monitoring and Compliance Set Wis Name Classification Filter Backs Bar And Grill NC Gree applicable) Service Residential Commercial Grown Connections 1 Commercial Commercial Commercial Commercial Connections 1 Commercial Commercial Connections 1 Commercial Commercial Commercial Commercial Commercial Commercial Connections 1 Commercial Commercial Connections 1 Commercial Commercial Connections 1 Commercial Commercial Connections 1 Commercial Commercial Commercial Commercial Commercial Commercial Connections 1 Commercial Commercial Connections 1 Commercial Commercial Commercial Commercial Commercial Commercial Connections 1 Commercial Commercial Commercial Commercial Commercial Commercial Connections 1 Commercial Commercial Commercial Commercial Commercial Commercial Connections 1 Connections 1 Commercial Commercial Commercial Commercial Connections 1 Connections 1	Water Quality Monitoring and Compliance Schedul WS Name Classification Population	Water Quality Monitoring and Compliance Schedule WS Name Classification Population Owner Type	WS Name ILVERBACKS BAR AND GRILL ROAD OMASTON Organization Road Mailing Address Line Two Extension Fax Mobile Phone Riders Realty Mailing Address Line Two Organization Riders Realty Mailing Address Line Two City Riders Realty Treasurer Mailing Address Line Two Organization Organization Fax Mobile Phone Mailing Address Line Two City State Waterbury Treasurer Mobile Phone Mailing Address Line Two City State Waterbury CT Organization Riders Realty Treasurer Mobile Phone Emergency Phone Mailing Address Line Two City State Waterbury CT CT Extension Fax Mobile Phone Emergency Phone Eme

and a CD blic Health Dividing Manager

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.
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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											
CT1400184	THOMASTON DAM VISTA PICNIC AREA				NC	31	F	GW			
Local Address (\	where applicable)	Service	Residen	tial Commerci		al Industri	al Combine	ed Agricultural			
331 HILL ROAD	(ROUTE 222)			1							
Towns Served:	owns Served: THOMASTON										

Towns Served: THOMASTON			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (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 Cor	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	3/10/2022		
SEASONAL START UP COMPLETION	5/1/2024		

	2017 WITH OF CONTINEE THOR		9, -	-,							
Water System Facility and Sampling Point Inventory											
Water System	Water System Facility	Samplina Point	Sampling Point		Total Coliform	Lead and Copper			Stage		
Facility ID		ID ID	Description Description	Status	Dula		Asbestos	WQP	_		
00600	DISTRIBUTION SYSTEM	4	VISTA PARK FOUNTAIN	Α	Υ						
		4TDM	TD PUBLIC RR/MENS	Α	Υ						
		4TDW	TD PUBLIC RR/WMNS	Α	Υ						
		4VPH	VISTA PARK HOSEBIBB	Α	Υ						
		4VPM	VISTA PARK MENS SINK	Α	Υ						
		4VPW	VISTA PARK WOMENS SI	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							

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

				_ L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1400184	THOMASTON DAM VISTA PICNIC AREA			NC	31	F	GW
Local Address (\	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
331 HILL ROAD	(ROUTE 222)	Connections		1			

Towns Served: THOMASTON

	Water	System Facili	ity and Samplii	ng Point II	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	D. J.	Lead and Copper Rule Tier	Asbestos	tage DBPR
52715	MAIN WELL	2MAIN	MAIN WELL	Α				
62390	ATMOSPHERIC STORAGE TANK							

			Co	ontact Inf	ormation				
Name				Organization	l	Job Title			
Steven Patchkofsky	,			Us Army Cor	ps of Engineers		Supervisor		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
331 Hill Road						Thomast	on	СТ	06787
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ac	ldress		
978-318-8369						steven.d	.patchkofsky@	usace.arn	ny.mil
978-318-8369						steven.d	.patchkofsky@	usace.arn	ny.mil

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

Please note the following:

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

End of schedule

Page 6

	Connecticut Departme	ent of Public H	ealth Dr	inkin	g Water	Section		
	Water Quality N				O			
PWS ID	PWS Name	difficulting and					Primary Source	
CT1400204	THOMASTON LANES INC.		Clas	NC	25	P P	GW	
	(where applicable)	Service	Residential	Commerc		-	_	
180 WATERTOWN ROAD Connect				1			7.8	
Towns Served:								
		Monitoring Requ	irements					
Water Systen	n Facility: DISTRIBUTION SYSTEM							
Total Colifor	m (3100)				1	routine (RT) per quarter	
Sampling	Point (Sampling Point ID)		Monitoring Pe	iod Comp	Compliance Status			
Select fro	m Inventory of Active Sampling Points	:	10/1/23 - 12/3	31/23	(Complete		
			1/1/24 - 3/31	1/24		(Complete	
			4/1/24 - 6/30	0/24				
			7/1/24 - 9/30	0/24				
Physical Para	ameters (PPS)				1	routine (RT) per quarter	
Sampling	Point (Sampling Point ID)		Monitoring Pe	eriod	Collection Per	iod Comp	oliance Status	
Select fro	m Inventory of Active Sampling Points		10/1/23 - 12/3	31/23		Com		
			1/1/24 - 3/31/24				Complete	
			4/1/24 - 6/30	0/24				
			0/24					
Water Systen	n Facility: ENTRY POINT (WSF ID:	00700)						
Nitrate (104	10)				1	routine (RT) per quarter	
Sampling	Point (Sampling Point ID)		Monitoring Pe	eriod	Collection Per	iod Comp	oliance Status	
ENTRY PO	DINT (3)		10/1/23 - 12/3	31/23		(Complete	
			1/1/24 - 3/31	1/24		(Complete	
		_	4/1/24 - 6/30	0/24				
			7/1/24 - 9/30	0/24				
Nitrite (104:	1)					1 routine	(RT) per year	
Sampling	Point (Sampling Point ID)		Monitoring Pe	eriod	iod Comp	d Compliance Status		
ENTRY PO	DINT (3)		1/1/23 - 12/3	1/23		(Complete	
			1/1/24 - 12/3	24 - 12/31/24 Complete				
			1/1/25 - 12/3					
	Monthly Water Systen	n Facility (WSF) I	evel Mon	itoring	g Requirer	ments		
Water Systen	n Facility: ENTRY POINT (WSFID: 0	00700)						
Analyte	Monitoring Requirement	(Summary Type)	Operatin	g Limit		Samples	Req/Month	
рН	Entry Point pH Monitorin	g (PHRD)	Minimum	n: 7.0 PH			4	
Start Date:	7/1/2014		nce History: ing Period		perating Limion		oring liance Status:	
		11/1/20	23 - 11/30/202	23				
		12/1/20	23 - 12/31/202	23				
		1/1/202	4 - 1/31/2024					
		2/1/202	4 - 2/29/2024					
		3/1/202	4 - 3/31/2024					

	١	Nater System Facili	ity and Samp	ing Point Invento	ry	
Water				Total	Lead and	
System	Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID		ID	Description	Status Rule	Rule Tier	Asbestos WQP 2 DBPR

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	Water Quality	Monitoring and	d Con	npl	iance S	Schedul	e		
PWS ID		(ssification	Population	Owner Type	Primary Source		
CT1400204 THOMASTON LANES INC.				NC		25	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural	
180 WATERTOWN ROAD		Connections			1				

Connecticut Department of Public Health Drinking Water Section

	Water	System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22307	WELL	2	WELL	Α					
55233	HYDROPNEUMATIC STORAGE								
55235	TREATMENT PLANT			·					

Name		Organization			Job Title				
Mr. Louis Berardi						President	esident		
Mailing Address Line One Mailing Addre				ess Line Two			City	State	Zip Code
180 Watertown Rd					Thomaston		СТ	06787	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad			
860-283-4730					203-509-2891	louberar	di@rocketm	ail.com	
Contact Role(s): A	dministrative Co	ontact, Leg	al Contact, O	wner	*	+			
Name				Organization			Job Title		
Twin Realty LLC									
Mailing Address Line One Mailing Addre			ress Line Two			City	State	Zip Code	
180 Watertown Rd					Thomaston		СТ	06787	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address		1	

Contact Role(s): Owner

Please note the following:

Towns Served: THOMASTON

- 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