Co	onnectic	ut Depa	rtment o	f Public	Health	Drir	nking	Wa	ter S	ection	
		•	lity Moni								
PWS ID PV	VS Name	cor qua	irey 1 Tolli	toring a		_				wner Type	Primary Source
	VERBACKS BA	AR AND GRIL	 L			N		25		P	GW
Local Address (whe				Service	Resident		mmercial		ustrial	Combine	
2627 WATERBURY F				Connection			1			-	7.8
Towns Served: THO											
			Monit	toring Red	nuiramai	nts					
Water System Fac	cility: DISTR	RIBUTION SY			quireinei	11.5					
Total Coliform (3	3100)								1 rc	outine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorii	ng Perio	od Col	lectio	n Perio	d Comp	liance Status
Select from Inv	ventory of Act	ive Sampling	Points		4/1/24 -	6/30/2	4			C	omplete
					7/1/24 -	9/30/2	4				omplete
					10/1/24 -	12/31/	24				
					1/1/25 -	3/31/2	5				
					4/1/25 -	6/30/2	.5				
Physical Paramet	ters (PPS)								1 rc	utine (RT	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorii	ng Perio	od Col	lectio	n Perio	d Comp	liance Status
Select from Inv	ventory of Act	ive Sampling	Points		4/1/24 -	6/30/2	4			C	omplete
					7/1/24 -	9/30/2	4			C	omplete
					10/1/24 -	12/31/	24				
					1/1/25 -	3/31/2	.5				
					4/1/25 -	6/30/2	.5				
Water System Fac	cility: ENTR	Y POINT (W	/SF ID: 00700)							
Nitrate And Nitri	te (NOX)								:	1 routine (RT) per year
Sampling Poin	t (Sampling P	oint ID)			Monitorii	ng Perio	od Col	lectio	n Perio	d Comp	liance Status
ENTRY POINT ((3)				1/1/23 - 3	12/31/2	23			C	omplete
					1/1/24 - 1	12/31/2	24			C	omplete
					1/1/25 - 3	12/31/2	25				
		Water Sy	/stem Faci	lity and S	ampling	Point					
Water	towa Farailita		Camandina Dain	t Camanlina F	an in t		Tot		ead an		6.
System Water Sy Facility ID	ystem Facility	•	Sampling Poin ID	Description			Colife Luc Ru		Copper		Stage s WQP 2 DBPR
	JTION SYSTEM	1	4	•	ON SYSTEM		i <u>tus</u> Ku A Y		nuic iie	ASDESTO.	WQF Z DDF K
00000 DISTRIBO	JIION SISILIV		DOWNSTREAN				¬				
			SP2	BAR SINK	SERVICE CON	, , , , , , , , , , , , , , , , , , ,		,			
			UPSTREAM		SERVICE CON		_				
00700 ENTRY P	OINT		3	ENTRY POI			<u> </u>				
22299 WELL	OIIVI		2	WELL	IVI		4				
ZZZ99 WELL							1				
Name				ntact Info Organization	rmation					Job Title	
Rat Pack Motorcyc	la Club			organiizatiON						ווו מטנ	
Mailing Address Lin			Mailing Addre	cc Line Two				City	,	State	Zip Code
P.O. Box 4788	CONC		iviaiiiig Auure	33 LITE TWO			Waterbu			CT	06704-4788
Business Phone	Extension	Fax	Mak	oile Phone	Emergency	Phone		-		CI	00/04-4/00
203-754-7225	LACCIOUII	гах	IVIOL	ME FIIOHE	Lineigency	rnone	Tlsail2@				
Contact Role(s): O	wnor						113a112@	HOUITE	an.com		
Contact Noic(s).	**IICI										

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.

Schedule Generation Date: 12/18/2024

	Connectic	ut Depa	rtment o	f Public	Health	Dri	nking '	Water	Sect	tion	
	Wa	ter Qua	lity Moni	toring a	nd Con	nplia	ince So	chedule	e		
PWS ID	PWS Name					Classif	ication P	opulation	Owne	r Type I	Primary Source
CT1400104	SILVERBACKS BA	R AND GRIL	L			١	1C	25	P)	GW
Local Address (w	here applicable)			Service	Residen	tial Co	ommercial	Industria	l Co	ombine	d Agricultural
2627 WATERBUR	RY ROAD			Connection	ns		1				
Towns Served: TI	HOMASTON			,		'			'		'
Name			(Organization					Jo	ob Title	
Mr. Eric Palladin	o, Esq.		f	Rat Pack Moto	orcycle Club			Attorney			
Mailing Address	Line One		Mailing Addre	ss Line Two				City		State	Zip Code
P.O. Box 4788							Waterbu	ry		СТ	06705-4788
Business Phone	e Extension	Fax	Mol	oile Phone	Emergency	Phone	Email Ad	dress			
860-274-5570											
Contact Role(s):	Legal Contact										
Name				Organization					Jo	ob Title	
Mr. Fran Dabbo			F	Riders Realty				Treasurer			
Mailing Address	Line One		Mailing Addre	ss Line Two				City		State	Zip Code
PO Box 4788							Waterbu	ry		CT	06704
Business Phone	e Extension	Fax	Mol	oile Phone	Emergency	Phone	Email Ad	dress			
203-232-1493					203-232-	1793	franwpd	@hotmail.c	com		
Contact Role(s):	Administrative	Contact									

Please note the following:

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

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

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

End of schedule

		Connecticut Do	epartment of	Public H	ealth	Dr	rinkii	ng V	Vater	Se	ction		
			uality Monit					_					
PWS ID		PWS Name		<u>-</u>							ner Type	Primai	y Source
CT140018	34	THOMASTON DAM VIS	ΓΑ PICNIC AREA				NC		31		F		SW
Local Add	lress (w	here applicable)		Service	Residen	tial	Comme	rcial	Industri	al	Combine	ed Ag	ricultural
331 HILL F	ROAD (ROUTE 222)		Connections			1						
Towns Se	rved: T	HOMASTON											
			Monito	oring Requ	ireme	nts							
Water Sy	ystem	Facility: DISTRIBUTION	ON SYSTEM (WSF II	D: 00600)									
Total Co	liform	n (3100)								1 ro	utine (R	T) per	month
Sam	pling P	oint (Sampling Point ID)			Monitori	ng P	eriod	Colle	ection Pe	riod	Comp	oliance	Status
Seled	ct from	Inventory of Active Sam	pling Points		7/1/24 -	7/3:	1/24	_				Comple	ete
					8/1/24 -	8/3	1/24				(Comple	ete
					9/1/24 -		•					Comple	
					.0/1/24 -	10/3	31/24				(Comple	ete
-		meters (PPS)									utine (R		
		oint (Sampling Point ID)			Monitori			Colle	ection Pe	riod			Status
Seled	ct from	Inventory of Active Sam	pling Points		7/1/24 -		-					Comple	
					8/1/24 -							Comple	
					9/1/24 -							Comple	
		5 111 511 5 11	- (14/07 ID 00700)		.0/1/24 -	10/3	31/24				(Comple	ete
		Facility: ENTRY POIN	1 (WSF ID: 00700)									/ >	
		itrite (NOX)				0		C-11			routine		-
		Point (Sampling Point ID)			Monitori			Colle	ection Pe	rioa			Status
EINIF	RY POI	VI (3)			1/1/23 -							Comple	
					1/1/24 - 1/1/25 -							Comple	ete .
			Othor C										
			Other Co	ompliance		_	_						
		edule Activity					Date		Achie	ved	Date		
RESPOND	TO SA	NITARY SURVEY					/2022						
		Wate	er System Facili	ty and Sar	npling	Po	int In	vent	ory				
Water	147 1	on Constant English	Committee D. C.	C!' 5 '				Tota					
System Facility ID		er System Facility	Sampling Point ID	Sampling Poli	IT			Colifor			Achosto	s 14/0	Stage
		NIDLITION CYCTEM		•			<u>Status</u>	Rule	. Kule	Her	Asbesto	s wq	2 DDPR
00600	ונוט	RIBUTION SYSTEM	4 4TDM	VISTA PARK F		ı	A	Y Y					
			4TDW 4TDW	TD PUBLIC RR			Α	Υ Υ					
			410W 4VPH	VISTA PARK H			A A	Υ Υ					
			4VPH 4VPM	VISTA PARK IN		(A	Υ					
			4VPW	VISTA PARK W			A	Y					
			DOWNSTREAM				A	•					
			UPSTREAM	WITHIN 5 SER			A						
00700	ENTR	Y POINT	3	ENTRY POINT		•	A						
52715		I WELL	2MAIN	MAIN WELL			A						
	,		_,,,,,,,,	***									

62390 ATMOSPHERIC STORAGE TANK

Schedule Generation Date: 12/18/2024 Page 3

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance :	Schedul	le	

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

Towns Served: THOMASTON

			(Contact Inf	ormation				
Name				Organization	า			Job Title	
Steven Patchkofsky	1			Us Army Cor	ps of Engineers		Supervisor		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
331 Hill Road						Thomast	on	СТ	06787
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Ad	dress		
978-318-8369						steven.d	.patchkofsky@	usace.arm	ny.mil

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.

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

End of schedule

	Conne	cticut Department of Pu	ıblic H	lealth Drink	ing Water Se	ection
		Water Quality Monitori	ng an	d Compliand	ce Schedule	
PWS ID	PWS Name	e		Classificat	ion Population Ow	vner Type Primary Sourc
CT1400204	THOMAST	ON LANES INC.		NC	25	P GW
Local Address	(where applied	cable) Ser	vice	Residential Comm	nercial Industrial	Combined Agricultura
180 WATERTO	WN ROAD	Cor	nnections	-	1	
Towns Served:	: THOMASTO	N				
		Monitorin	ng Requ	irements		
•	•	DISTRIBUTION SYSTEM (WSF ID: 00	0600)			
Total Colifor	• •					utine (RT) per quarter
		pling Point ID)		Monitoring Period	Collection Period	•
Select fro	m 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		
		1		4/1/25 - 6/30/25		
Physical Para	•	•				utine (RT) per quarter
		pling Point ID)		Monitoring Period	Collection Period	•
Select fro	om 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		
Matau Cuatau	as Facility	ENTRY DOINT (MCF ID: 00700)		4/1/25 - 6/30/25		
-	•	ENTRY POINT (WSF ID: 00700)			4	+: (DT)
Nitrate (104	=	ding Boint (D)		Monitoring Doving	1 ro Collection Period	utine (RT) per quarter
ENTRY PC		oling Point ID)		Monitoring Period 4/1/24 - 6/30/24	Collection Period	Compliance Status Complete
ENIKIPO	JINT (5)					-
				7/1/24 - 9/30/24 10/1/24 - 12/31/24		Complete Complete
				1/1/25 - 3/31/25		Complete
				4/1/25 - 6/30/25		
Nitrite (104)	11\			4/1/23 - 0/30/23	1	routine (RT) per year
-	-	oling Point ID)		Monitoring Period	Collection Period	
ENTRY PC		ming Foliit ID)		1/1/23 - 12/31/23	Conection Feriod	Complete
LIVINIFC	JINT (3)			1/1/24 - 12/31/24		Complete
				1/1/25 - 12/31/25		Complete
	Mon	thly Water System Facility	/\\/SE\ I		ing Poguirome	ntc
Water Systen		ENTRY POINT (WSFID: 00700)	(WSF) I	Level Moniton	ing Kequireine	:1105
Analyte	,	Monitoring Requirement (Summary T	vpe)	Operating Limi	t	Samples Req/Month
рН		Entry Point pH Monitoring (PHRD)	,,,,,	Minimum: 7.0		4
•	: 7/1/2014	, , , , , , , , , , , , , , , , , , , ,	Complia	ince History:	Operating Limit	Monitoring
	., _,		-	ing Period	Compliance Status	
				4 - 7/31/2024		
				4 - 8/31/2024		
				4 - 9/30/2024		
			10/1/20	24 - 10/31/2024		

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11/1/2024 - 11/30/2024

Schedule Generation Date: 12/18/2024 Page 5

	Water Quality Monite	oring and	d Con	ıpl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1400204	THOMASTON LANES INC.				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
180 WATERTOW	/N ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: THOMASTON

	Water	System Facili	ity and Sampling P	oint Ir	nvento	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
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 T	itle	
Mr. Louis Berardi						Pre	sident		
Mailing Address Lin	e One		Mailing Addr	ess Line Two		C	ty Stat	e Zi	ip Code
180 Watertown Rd						Thomaston	СТ	(06787
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Addre	SS		
860-283-4730					203-509-2891	louberardi@	rocketmail.com		
Contact Role(s): A	dministrative Co	ntact, Leg	al Contact, O	wner					
				Organization			Job T	itlo	
Name				Organization			300 1	itic	
Name Twin Realty LLC				Organization			300 1		
	e One		Mailing Addr			C	ty Stat		ip Code
Twin Realty LLC	e One		Mailing Addr			Ci		e Zi	ip Code 06787

Contact Role(s): Owner

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End of schedule