

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|---------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0210024 | 251 ROUTE 7 S | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 251 ROUTE 7 SOUTH | | | | | 1 | | | |
| Towns Served: CANAAN | | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | | 1 routine (RT) per quarter | | |
|---|--------------------|----------------------------|-------------------|--|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 9/30/25 | | Complete | |
| | 10/1/25 - 12/31/25 | | | |
| | 1/1/26 - 3/31/26 | | | |

| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | |
|---|--------------------|----------------------------|-------------------|--|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 9/30/25 | | Complete | |
| | 10/1/25 - 12/31/25 | | | |
| | 1/1/26 - 3/31/26 | | | |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate (1040) | | 1 routine (RT) per quarter | | |
|------------------------------------|--------------------|----------------------------|-------------------|--|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| ENTRY POINT (3) | 4/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 9/30/25 | | Complete | |
| | 10/1/25 - 12/31/25 | | | |
| | 1/1/26 - 3/31/26 | | | |

| Nitrite (1041) | | 1 routine (RT) per quarter | | |
|------------------------------------|--------------------|----------------------------|-------------------|--|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| ENTRY POINT (3) | 4/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 9/30/25 | | Complete | |
| | 10/1/25 - 12/31/25 | | | |
| | 1/1/26 - 3/31/26 | | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 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 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | MTSCAFE 001 | KITCHEN HANDWASH 1 | A | Y | N | Y | |
| | | MTSCAFE 002 | KITCHEN HANDWASH 2 | A | Y | N | Y | |
| | | MTSCAFE 003 | MENS ROOM | A | Y | N | Y | |
| | | MTSCAFE 004 | LADIES ROOM | A | Y | N | Y | |
| | | MTSCAFE 005 | KITCHEN PREP | A | Y | N | Y | |

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.

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|----------------------------------|---------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0210024 | 251 ROUTE 7 S | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 251 ROUTE 7 SOUTH | | | | | 1 | | | |
| Towns Served: CANAAN | | | | | | | | |

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20452 | WELL | 2 | WELL | A | | | | |
| 61323 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | |
|----------------------------------|-----------|--------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Artisanal Foods LLC | | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 347 West 36Th Street Sduite 1601 | | | | | New York | NY | 10018 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| | | | | | | | |

Contact Role(s): **Owner**

| | | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|--------------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Jason Munning | | Mountainside | | | Director of Ops | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| P.O. Box 717 | | 187 Route 7 | | | Canaan | CT | 06018 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-824-1397 | | | | | jason.munning@mountainside.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 | |
|----------------------------------|---------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0210044 | 172 ROUTE 7 N | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| 172 ROUTE 7 N | | | Connections | | 1 | | | |
| Towns Served: CANAAN | | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | | 1 routine (RT) per quarter | |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |

| Physical Parameters (PPS) | | 1 routine (RT) per quarter | |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 9/30/25 | | |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |

Water System Facility: **ENTRY POINT - WELL 2 (WSF ID: 00701)**

| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| EP - WELL 2 (3) | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| E. Coli | 7/10/18 - 8/31/18 | 3 | 8/31/2019 | | 9/10/2019 | |
| Physical Parameters M&R Violation | 4/1/21 - 6/30/21 | 3 | 8/18/2022 | | 8/28/2022 | |
| Total Coliform M&R Violation | 4/1/21 - 6/30/21 | 3 | 8/18/2022 | | 8/28/2022 | |

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 | | | | |
| | | SP2 | FRONT HAND SINK | A | Y | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00701 | ENTRY POINT - WELL 2 | 3 | EP - WELL 2 | A | | | | |
| 54110 | WELL 2 | 2 | WELL 2 | A | | | | |
| 54113 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | |
|--------------------------|--|--------------------------|--|-----------|-------|----------|
| Name | | Organization | | Job Title | | |
| Mr. Ahmed Amer Almasoudi | | | | Owner | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |

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| | | | | | |
|--|----------------------|---------------------|---------------|-----------------|----------------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
| CT0210044 | 172 ROUTE 7 N | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 172 ROUTE 7 N | | | 1 | | |
| Towns Served: CANAAN | | | | | |
| 172 Route 7 N | | | Falls Village | CT | 06031 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-824-4661 | | | | | nassariali@yahoo.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.
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End of schedule