

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name       |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0340024                        | 7-ELEVEN STORE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 217-219 CLAPBOARD RIDGE ROAD     |                |                     |             | 1              |            |            |                |
| Towns Served: DANBURY            |                |                     |             |                |            |            |                |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per month |                   |
|---|--------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25   |                          | Complete          |
|   | 6/1/25 - 6/30/25   |                          | Complete          |
|   | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
|   | 9/1/25 - 9/30/25   |                          | Complete          |
|   | 10/1/25 - 10/31/25 |                          |                   |
|   | 11/1/25 - 11/30/25 |                          |                   |
|   | 12/1/25 - 12/31/25 |                          |                   |
|   | 1/1/26 - 1/31/26   |                          |                   |
|   | 2/1/26 - 2/28/26   |                          |                   |
|   | 3/1/26 - 3/31/26   |                          |                   |
|   | 4/1/26 - 4/30/26   |                          |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per month |                   |
|---|--------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25   |                          | Complete          |
|   | 6/1/25 - 6/30/25   |                          | Complete          |
|   | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
|   | 9/1/25 - 9/30/25   |                          | Complete          |
|   | 10/1/25 - 10/31/25 |                          |                   |
|   | 11/1/25 - 11/30/25 |                          |                   |
|   | 12/1/25 - 12/31/25 |                          |                   |
|   | 1/1/26 - 1/31/26   |                          |                   |
|   | 2/1/26 - 2/28/26   |                          |                   |
|   | 3/1/26 - 3/31/26   |                          |                   |
|   | 4/1/26 - 4/30/26   |                          |                   |

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

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

Water System Facility: WELL (WSF ID: 20622)

| E. Coli (3014)                     |                   | 1 routine (RT) per month |                   |
|------------------------------------|-------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period        | Compliance Status |
| WELL (2)                           | 5/1/25 - 5/31/25  |                          | Complete          |
|                                    | 6/1/25 - 6/30/25  |                          | Complete          |

**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 |              |
| CT0340024                        | 7-ELEVEN STORE |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 217-219 CLAPBOARD RIDGE ROAD     |                |  | Connections |                | 1          |            |                |              |
| Towns Served: DANBURY            |                |  |             |                |            |            |                |              |

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 20622)

**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> |
|---|--------------------------|--------------------------|--------------------------|
|   | 7/1/25 - 7/31/25         |                          | Complete                 |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 10/31/25       |                          |                          |
|   | 11/1/25 - 11/30/25       |                          |                          |
|   | 12/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 1/31/26         |                          |                          |
|   | 2/1/26 - 2/28/26         |                          |                          |
|   | 3/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 4/30/26         |                          |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY          | 12/3/2021       |                      |

### 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                          |                                  |                 |                         |
|                                 |                              | 4-1                      | FRONT HAND SINK                   | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 20622                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |
| 62598                           | TREATMENT PLANT              |                          |                                   |               |                            |                                  |                 |                         |

### Contact Information

|   |  |           |                          |                       |              |                 |                  |       |          |
|---|--|-----------|--------------------------|-----------------------|--------------|-----------------|------------------|-------|----------|
| Name  |  |           |                          | Organization          |              |                 | Job Title        |       |          |
| Mr. Jack Mitchell   |  |           |                          | G M C Ltd Partnership |              |                 | Owner            |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |                       |              | City            |                  | State | Zip Code |
| 690 Ellington Road  |  |           |                          |                       |              | South Windsor   |                  | CT    | 06074    |
| Business Phone  |  | Extension | Fax                      |                       | Mobile Phone | Emergency Phone | Email Address    |       |          |
| 772-332-3186  |  |           |                          |                       |              |                 | themitch@mac.com |       |          |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |  |           |                          |                       |              |                 |                  |       |          |

*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 |
|----------------------------------|----------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0340024                        | 7-ELEVEN STORE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 217-219 CLAPBOARD RIDGE ROAD     |                |                     |             | 1              |            |            |                |
| Towns Served: DANBURY            |                |                     |             |                |            |            |                |

**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 |              |
|----------------------------------|----------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340034                        | 7-ELEVEN STORE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 29 MILL PLAIN ROAD               |                |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                |  |                     |                |            |            |                |              |

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

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date   | Achieved Date |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY   | 11/17/2021 |               |

### Public Notification Requirements

| Violation/Situation          | Compliance Period | Notice Tier | Public Notification |           | PN Certification |          |
|------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
|                              |                   |             | Required            | Performed | Due to DPH       | Received |
| Total Coliform MCL Violation | 7/1/15 - 9/30/15  | 2           | 12/9/2015           |           | 12/19/2015       |          |

### 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                   |                           |          |                  |
|                          |                       | 4-1               | Store Counter Sink         | A      | Y                   |                           |          |                  |
|                          |                       | 4-2               | Store Counter Sink         | A      | Y                   |                           |          |                  |
|                          |                       | 4-3               | Store Counter Sink         | A      | Y                   |                           |          |                  |
|                          |                       | 4-4               | Store Counter Sink         | A      | Y                   |                           |          |                  |
|                          |                       | 4-5               | Store Sink                 | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20623                    | 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 |              |
|----------------------------------|----------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340034                        | 7-ELEVEN STORE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 29 MILL PLAIN ROAD               |                |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                |  |                     |                |            |            |                |              |

### Contact Information

|                          |           |     |                          |                          |               |            |                   |       |            |
|--------------------------|-----------|-----|--------------------------|--------------------------|---------------|------------|-------------------|-------|------------|
| Name                     |           |     |                          | Organization             |               |            | Job Title         |       |            |
| Mr. Richard Murray       |           |     |                          | Us Trust Co, Nat. Assoc. |               |            | Sr Vice President |       |            |
| Mailing Address Line One |           |     | Mailing Address Line Two |                          |               | City       |                   | State | Zip Code   |
| 515 South Flower Street  |           |     | Suite 2700               |                          |               | Los Angles |                   | CA    | 90071-2291 |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone          | Email Address |            |                   |       |            |
| 213-861-5065             |           |     |                          |                          |               |            |                   |       |            |

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

|                          |           |     |                          |                 |   |          |                    |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---|----------|--------------------|-------|----------|
| Name                     |           |     |                          | Organization    |   |          | Job Title          |       |          |
| Mr. Richard M. Warshany  |           |     |                          | 7-Eleven Inc    |   |          | Field Service Rep. |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |   | City     |                    | State | Zip Code |
| 10 Columbus Blvd         |           |     |                          |                 |   | Hartford |                    | CT    | 06106    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address                           |          |                    |       |          |
| 732-319-7897             |           |     |                          |                 | Rich.Warshany@FmFacilityMaintenance.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 Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name   |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340074                        | AMBER ROOM |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |            |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| STACY ROAD                       |            |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |            |  |                     |                |            |            |                |              |

### 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   |                            |                   |
|   | 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 (WSF ID: 00700)**

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

### 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                   |                           |          |                  |
|                          |                          | AR001             | KIT SNK SINGLE FRONT       | A      | Y                   |                           | Y        |                  |
|                          |                          | AR002             | KIT HAND SNK FRONT         | A      | Y                   |                           | Y        |                  |
|                          |                          | AR003             | KIT SNK LARGE SINGLE       | A      | Y                   |                           | Y        |                  |
|                          |                          | AR004             | KIT SNK SMALL SINGLE       | A      | Y                   |                           | Y        |                  |
|                          |                          | AR005             | KIT HAND SNK BACK          | A      | Y                   |                           | Y        |                  |
|                          |                          | AR006             | KIT SNK BACK SINGLE        | A      | Y                   |                           | Y        |                  |
|                          |                          | AR007             | RR KITCHEN                 | A      | Y                   |                           | Y        |                  |
|                          |                          | AR008             | RR MENS RR                 | A      | Y                   |                           | Y        |                  |
|                          |                          | AR009             | RR LADY ROOM               | A      | Y                   |                           | Y        |                  |
|                          |                          | AR010             | SERVERS STATION            | A      | Y                   |                           | Y        |                  |
|                          |                          | AR011             | BAR SINK                   | A      | Y                   |                           | Y        |                  |
|                          |                          | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                          | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT              | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 22817                    | WELL1                    | 2                 | WELL #1                    | A      |                     |                           |          |                  |
| 22887                    | WELL2                    | 2                 | WELL2                      | A      |                     |                           |          |                  |
| 54226                    | ATMOSPHERIC STORAGE TANK |                   |                            |        |                     |                           |          |                  |

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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 |              |
|----------------------------------|------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340074                        | AMBER ROOM |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |            |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| STACY ROAD                       |            |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |            |  |                     |                |            |            |                |              |

### Contact Information

| Name                     |           |              |                          | Organization    |                       |         | Job Title           |       |          |
|--------------------------|-----------|--------------|--------------------------|-----------------|-----------------------|---------|---------------------|-------|----------|
| Mr. Douglas Polistena    |           |              |                          | Amber Room      |                       |         | Director Operations |       |          |
| Mailing Address Line One |           |              | Mailing Address Line Two |                 |                       | City    |                     | State | Zip Code |
| 1 Stacey Road            |           |              |                          |                 |                       | Danbury |                     | CT    | 06811    |
| Business Phone           | Extension | Fax          | Mobile Phone             | Emergency Phone | Email Address         |         |                     |       |          |
| 203-748-3800             | 101       | 203-748-1472 |                          |                 | doug@theamberroom.net |         |                     |       |          |

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

|                          |           |     |                          |                 |               |         |           |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|---------|-----------|-------|----------|
| Name                     |           |     |                          | Organization    |               |         | Job Title |       |          |
| Arc Properties LLC       |           |     |                          |                 |               |         |           |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |               | City    |           | State | Zip Code |
| 14 Plumtrees Road        |           |     |                          |                 |               | Danbury |           | CT    | 06810    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |         |           |       |          |
|                          |           |     |                          |                 |               |         |           |       |          |

Contact Role(s): **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 |              |
|----------------------------------|--------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340144                        | BUSINESS AIRCRAFT CENTER, INC. |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 81 KENOSIA AVENUE                |                                |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                                |  |                     |                |            |            |                |              |

### 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   |                            |                   |
|   | 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 (WSF ID: 00700)

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

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date  | Achieved Date |
|------------------------------|-----------|---------------|
| RESPOND TO SANITARY SURVEY   | 5/24/2018 |               |
| RESPOND TO SANITARY SURVEY   | 5/7/2025  |               |

### 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                   |                           |          |                  |
|                          |                       | BA001             | KIT SNK LOWER LEVEL        | A      | Y                   |                           | Y        |                  |
|                          |                       | BA002             | SLOP SNK LL HANGER         | A      | Y                   |                           | Y        |                  |
|                          |                       | BA003             | RR LOWER LEVEL 1           | A      | Y                   |                           | Y        |                  |
|                          |                       | BA004             | RR LOWER LEVEL 2           | A      | Y                   |                           | Y        |                  |
|                          |                       | BA005             | RR 2ND FLOOR R             | A      | Y                   |                           | Y        |                  |
|                          |                       | BA006             | RR 2ND FLOOR L             | A      | Y                   |                           | Y        |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20625                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

**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 |
|----------------------------------|--------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0340144                        | BUSINESS AIRCRAFT CENTER, INC. |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                                | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 81 KENOSIA AVENUE                |                                |                     |             | 1              |            |            |                |
| Towns Served: DANBURY            |                                |                     |             |                |            |            |                |

### Contact Information

| Name                     |           |     |                          | Organization    |               |         | Job Title |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|---------|-----------|-------|----------|
| Mr. Santo Silvestro      |           |     |                          |                 |               |         |           |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |               | City    |           | State | Zip Code |
| 81 Kenosia Ave.          |           |     |                          |                 |               | Danbury |           | CT    | 06810    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |         |           |       |          |
| 203-748-7000             |           |     |                          |                 |               |         |           |       |          |

Contact Role(s): **Administrative 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 |              |
| CT0340234                        | 184 GREAT PLAIN ROAD |  |                     | NC             | 36         | P          | GW             |              |
| Local Address (where applicable) |                      |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 184 GREAT PLAIN ROAD             |                      |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                      |  |                     |                |            |            |                |              |

### 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 | 5/1/25 - 5/31/25         |                          | Complete                 |  |
|   | 6/1/25 - 6/30/25         |                          | Complete                 |  |
|   | 7/1/25 - 7/31/25         |                          | Complete                 |  |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |  |
|   | 9/1/25 - 9/30/25         |                          |                          |  |
|   | 10/1/25 - 10/31/25       |                          |                          |  |
|   | 11/1/25 - 11/30/25       |                          |                          |  |
|   | 12/1/25 - 12/31/25       |                          |                          |  |
|   | 1/1/26 - 1/31/26         |                          |                          |  |
|   | 2/1/26 - 2/28/26         |                          |                          |  |
|   | 3/1/26 - 3/31/26         |                          |                          |  |
|   | 4/1/26 - 4/30/26         |                          |                          |  |

| 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 | 8/28/25 - 9/2/25         |                          | 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 | 5/1/25 - 5/31/25         |                          | Complete                 |  |
|   | 6/1/25 - 6/30/25         |                          | Complete                 |  |
|   | 7/1/25 - 7/31/25         |                          | Complete                 |  |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |  |
|   | 9/1/25 - 9/30/25         |                          |                          |  |
|   | 10/1/25 - 10/31/25       |                          |                          |  |
|   | 11/1/25 - 11/30/25       |                          |                          |  |
|   | 12/1/25 - 12/31/25       |                          |                          |  |
|   | 1/1/26 - 1/31/26         |                          |                          |  |
|   | 2/1/26 - 2/28/26         |                          |                          |  |
|   | 3/1/26 - 3/31/26         |                          |                          |  |
|   | 4/1/26 - 4/30/26         |                          |                          |  |

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

| Nitrate And Nitrite (NOX)                 |                          | 1 routine (RT) per quarter |                          |  |
|---|--------------------------|----------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |  |
| 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         |                            |                          |  |

Water System Facility: **WELL (WSF ID: 20628)**

**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 |              |
| CT0340234                        | 184 GREAT PLAIN ROAD |  |             | NC             | 36         | P          | GW             |              |
| Local Address (where applicable) |                      |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 184 GREAT PLAIN ROAD             |                      |  | Connections |                | 1          |            |                |              |
| Towns Served: DANBURY            |                      |  |             |                |            |            |                |              |

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 20628)

| E. Coli (3014)                     |                   |                   | 1 triggered (TG) per period |
|------------------------------------|-------------------|-------------------|-----------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status           |
| WELL (2)                           | 8/27/25 - 9/2/25  |                   | Complete                    |

### 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      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20628                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|                          |           |                          |              |                 |                         |       |          |
|--------------------------|-----------|--------------------------|--------------|-----------------|-------------------------|-------|----------|
| Name                     |           | Organization             |              |                 | Job Title               |       |          |
| Mr. Bruce Arnold         |           | Ba Holdings LLC          |              |                 | President               |       |          |
| Mailing Address Line One |           | Mailing Address Line Two |              |                 | City                    | State | Zip Code |
| 5 Cloverleaf Farm South  |           |                          |              |                 | Sherman                 | CT    | 06784    |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address           |       |          |
| 917-681-0656             |           | 860-350-9213             |              |                 | clarendon2200@gmail.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 |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340304                        | DAIRY & ENERGY STOP |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 133 PADANARAM ROAD               |                     |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                     |  |                     |                |            |            |                |              |

### 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 | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            |                          |
|   | 10/1/25 - 12/31/25       |                            |                          |
|   | 1/1/26 - 3/31/26         |                            |                          |

| 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 | 4/1/25 - 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 (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)                           | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |

Water System Facility: **WELL (WSF ID: 20631)**

| E. Coli (3014)                            |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| WELL (2)                                  | 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         |                            |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY          | 6/12/2016       |                      |
| RESPOND TO SANITARY SURVEY          | 12/3/2021       |                      |

### 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> |
| Distribution Color MCL Violation     | 10/1/04 - 12/31/04       | 2                  | 4/14/2005                  |                  | 4/24/2005               |                 |
| Distribution Turbidity MCL Violation | 7/1/04 - 9/30/04         | 2                  | 4/22/2005                  |                  | 5/2/2005                |                 |
| Distribution Color MCL Violation     | 7/1/04 - 9/30/04         | 2                  | 4/22/2005                  |                  | 5/2/2005                |                 |

### 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> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|

**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 |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340304                        | DAIRY & ENERGY STOP |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 133 PADANARAM ROAD               |                     |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                     |  |                     |                |            |            |                |              |

### 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      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20631                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 54203                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

| Name                     |  |           |                          | Organization |              |  | Job Title       |  |               |          |
|--------------------------|--|-----------|--------------------------|--------------|--------------|--|-----------------|--|---------------|----------|
| Mr. Barry Connell        |  |           |                          |              |              |  |                 |  |               |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |              |              |  | City            |  | State         | Zip Code |
| 133 Padanaram Road       |  |           |                          |              |              |  | Danbury         |  | CT            | 06811    |
| Business Phone           |  | Extension | Fax                      |              | Mobile Phone |  | Emergency Phone |  | Email Address |          |
| 203-798-0340             |  |           |                          |              |              |  |                 |  |               |          |

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 |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340444                        | FEDERAL ROAD SUNOCO |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 7 FEDERAL ROAD                   |                     |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                     |  |                     |                |            |            |                |              |

### 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 And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/24 - 12/31/24 |                         |                   |
|                                    | 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 |
| Total Coliform MCL Violation        | 9/1/05 - 9/30/05   | 2           | 10/19/2005          |           | 10/29/2005       |          |
| Total Coliform MCL Violation        | 10/1/05 - 10/31/05 | 2           | 11/19/2005          |           | 11/29/2005       |          |
| Repeat Total Coliform M&R Violation | 10/1/05 - 10/31/05 | 2           | 4/12/2006           |           | 4/22/2006        |          |

### 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      |                     |                           |          |                  |
|                          |                       | FRS001            | RR LOWER LEVEL             | A      | Y                   |                           | Y        |                  |
|                          |                       | FRS002            | RR LADY RM MAIN FLR        | A      | Y                   |                           | Y        |                  |
|                          |                       | FRS003            | RR MENS RM MAIN FLR        | A      | Y                   |                           | Y        |                  |
|                          |                       | FRS004            | UNISEX RR MAIN FLR         | A      | Y                   |                           | Y        |                  |
|                          |                       | FRS005            | KIT SNK                    | A      | Y                   |                           | Y        |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20636                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

**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 |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340444                        | FEDERAL ROAD SUNOCO |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 7 FEDERAL ROAD                   |                     |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                     |  |                     |                |            |            |                |              |

### Contact Information

| Name                     |  |           |                          | Organization               |              |                 | Job Title          |       |          |
|--------------------------|--|-----------|--------------------------|----------------------------|--------------|-----------------|--------------------|-------|----------|
| Mr. Norbert E Mitchell   |  |           |                          | Nemco Limited Partnership. |              |                 | Vice-President     |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                            |              | City            |                    | State | Zip Code |
| P.O. Box 186             |  |           |                          |                            |              | Danbury         |                    | CT    | 06813    |
| Business Phone           |  | Extension | Fax                      |                            | Mobile Phone | Emergency Phone | Email Address      |       |          |
| 203-744-0600             |  |           | 203-743-7978             |                            |              | 203-948-8561    | nm3@nemitchell.com |       |          |

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

| Name                     |  |           |                          | Organization            |                 |                      | Job Title  |       |          |
|--------------------------|--|-----------|--------------------------|-------------------------|-----------------|----------------------|------------|-------|----------|
| Mr. Matthew J. Mitchell  |  |           |                          | Norbert E. Mitchell Co. |                 |                      | Management |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                         |                 | City                 |            | State | Zip Code |
| PO Box 186               |  |           |                          |                         |                 | Danbury              |            | CT    | 06813    |
| Business Phone           |  | Extension | Fax                      | Mobile Phone            | Emergency Phone | Email Address        |            |       |          |
| 203-744-0600             |  |           | 203-743-7978             | 203-948-5788            |                 | mattm@nemitchell.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 Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                                |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340614                        | KENTUCKY FRIED CHICKEN OF DANBURY, INC. |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |   |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 1 FEDERAL ROAD                   |   |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |   |  |                     |                |            |            |                |              |

### 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 | 5/1/25 - 5/31/25         |                          | Complete                 |
|   | 6/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 7/31/25         |                          | Complete                 |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          |                          |
|   | 10/1/25 - 10/31/25       |                          |                          |
|   | 11/1/25 - 11/30/25       |                          |                          |
|   | 12/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 1/31/26         |                          |                          |
|   | 2/1/26 - 2/28/26         |                          |                          |
|   | 3/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 4/30/26         |                          |                          |

| 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 | 5/2/25 - 5/7/25          |                          | 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 | 5/1/25 - 5/31/25         |                          | Complete                 |
|   | 6/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 7/31/25         |                          | Complete                 |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          |                          |
|   | 10/1/25 - 10/31/25       |                          |                          |
|   | 11/1/25 - 11/30/25       |                          |                          |
|   | 12/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 1/31/26         |                          |                          |
|   | 2/1/26 - 2/28/26         |                          |                          |
|   | 3/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 4/30/26         |                          |                          |

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)                           | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |

Water System Facility: **WELL (WSF ID: 20639)**

**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 |              |
|----------------------------------|---|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340614                        | KENTUCKY FRIED CHICKEN OF DANBURY, INC. |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |   |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 1 FEDERAL ROAD                   |   |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |   |  |                     |                |            |            |                |              |

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 20639)

| E. Coli (3014)                     |                    | 1 triggered (TG) per period |                   |
|------------------------------------|--------------------|-----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period           | Compliance Status |
| WELL (2)                           | 5/1/25 - 5/7/25    |                             | Complete          |
| E. Coli (3014)                     |                    | 1 routine (RT) per month    |                   |
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period           | Compliance Status |
| WELL (2)                           | 5/1/25 - 5/31/25   |                             | Complete          |
|                                    | 6/1/25 - 6/30/25   |                             | Complete          |
|                                    | 7/1/25 - 7/31/25   |                             | Complete          |
|                                    | 8/1/25 - 8/31/25   |                             | Complete          |
|                                    | 9/1/25 - 9/30/25   |                             |                   |
|                                    | 10/1/25 - 10/31/25 |                             |                   |
|                                    | 11/1/25 - 11/30/25 |                             |                   |
|                                    | 12/1/25 - 12/31/25 |                             |                   |
|                                    | 1/1/26 - 1/31/26   |                             |                   |
|                                    | 2/1/26 - 2/28/26   |                             |                   |
|                                    | 3/1/26 - 3/31/26   |                             |                   |
|                                    | 4/1/26 - 4/30/26   |                             |                   |

### Public Notification Requirements

| Violation/Situation          | Compliance Period | Notice Tier | Public Notification |           | PN Certification |          |
|------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
|                              |                   |             | Required            | Performed | Due to DPH       | Received |
| Total Coliform M&R Violation | 1/1/10 - 3/31/10  | 2           | 6/9/2010            |           | 6/19/2010        |          |

### 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      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20639                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 62270                    | TREATMENT             |                   |                            |        |                     |                           |          |                  |

### Contact Information

|   |  |           |                          |              |              |                 |               |       |          |
|---|--|-----------|--------------------------|--------------|--------------|-----------------|---------------|-------|----------|
| Name                                    |  |           |                          | Organization |              |                 | Job Title     |       |          |
| Kentucky Fried Chicken of Danbury, Inc. |  |           |                          |              |              |                 |               |       |          |
| Mailing Address Line One                |  |           | Mailing Address Line Two |              |              | City            |               | State | Zip Code |
| P.O. Box 10150                          |  |           |                          |              |              | Newburgh        |               | NY    | 12552    |
| Business Phone                          |  | Extension | Fax                      |              | Mobile Phone | Emergency Phone | Email Address |       |          |
|   |  |           |                          |              |              |                 |               |       |          |
| Contact Role(s):                        |  | Owner     |                          |              |              |                 |               |       |          |
|   |  |           |                          |              |              |                 |               |       |          |

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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    |
| <b>CT0340614</b>  | <b>KENTUCKY FRIED CHICKEN OF DANBURY, INC.</b> | <b>NC</b>                | <b>25</b>    | <b>P</b>        | <b>GW</b>         |
| Local Address (where applicable)                              |  | Service Connections      | Residential  | Commercial      | Industrial        |
| 1 FEDERAL ROAD  |  |                          | 1            |                 |                   |
| Towns Served: DANBURY   |  |                          |              |                 |                   |
| Name  |  | Organization             |              | Job Title       |                   |
| <b>Mr. Jessie Gupta</b>                                       |  | Jmvd Realty Partners LLC |              | Office Manager  |                   |
| Mailing Address Line One                                      |  | Mailing Address Line Two |              | City            | State             |
| 1 Federal Road  |  |                          |              | Danbury         | CT                |
| Zip Code  |  |                          |              |                 |                   |
|   | 06810  |                          |              |                 |                   |
| Business Phone  | Extension                                      | Fax                      | Mobile Phone | Emergency Phone | Email Address     |
| 516-775-3347  |  | 516-775-3344             |              | 646-249-5007    | kfcnyct@gmail.com |
| Contact Role(s): <b>Administrative Contact, Legal Contact</b> |  |                          |              |                 |                   |

**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 |              |
|----------------------------------|--------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340894                        | RICHTER PARK GOLF COURSE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                          |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 100 AUNT HACK ROAD               |                          |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                          |  |                     |                |            |            |                |              |

### 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   |                            |                   |
|   | 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   |                            |                   |
|   | 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 And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (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 |
| Total Coliform M&R Violation      | 10/1/22 - 12/31/22 | 3           | 6/28/2024           |           | 7/8/2024         |          |
| Physical Parameters M&R Violation | 10/1/22 - 12/31/22 | 3           | 6/28/2024           |           | 7/8/2024         |          |
| Total Coliform M&R Violation      | 7/1/22 - 9/30/22   | 3           | 6/28/2024           |           | 7/8/2024         |          |
| Physical Parameters M&R Violation | 7/1/22 - 9/30/22   | 3           | 6/28/2024           |           | 7/8/2024         |          |
| Physical Parameters M&R Violation | 1/1/23 - 3/31/23   | 3           | 1/21/2025           |           | 1/31/2025        |          |
| Total Coliform M&R Violation      | 1/1/23 - 3/31/23   | 3           | 1/21/2025           |           | 1/31/2025        |          |

### 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      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20648                    | 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 |              |
|----------------------------------|--------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340894                        | RICHTER PARK GOLF COURSE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                          |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 100 AUNT HACK ROAD               |                          |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                          |  |                     |                |            |            |                |              |

### Contact Information

|                          |  |           |                          |                          |                 |               |           |       |          |
|--------------------------|--|-----------|--------------------------|--------------------------|-----------------|---------------|-----------|-------|----------|
| Name                     |  |           |                          | Organization             |                 |               | Job Title |       |          |
| Ms. Maria Sanyshyn       |  |           |                          | Richter Park Golf Course |                 |               | Manager   |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                          |                 | City          |           | State | Zip Code |
| 100 Aunt Hack Road       |  |           |                          |                          |                 | Danbury       |           | CT    | 06810    |
| Business Phone           |  | Extension | Fax                      | Mobile Phone             | Emergency Phone | Email Address |           |       |          |
| 203-792-2550             |  |           | 203-792-4547             |                          |                 |               |           |       |          |

Contact Role(s): **Administrative Contact**

|                          |  |           |                          |                          |                 |                         |                |       |          |
|--------------------------|--|-----------|--------------------------|--------------------------|-----------------|-------------------------|----------------|-------|----------|
| Name                     |  |           |                          | Organization             |                 |                         | Job Title      |       |          |
| Mr. Rob Dorsch           |  |           |                          | Richter Park Golf Course |                 |                         | Superintendent |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                          |                 | City                    |                | State | Zip Code |
| 100 Aunt Hack Road       |  |           |                          |                          |                 | Danbury                 |                | CT    | 06811    |
| Business Phone           |  | Extension | Fax                      | Mobile Phone             | Emergency Phone | Email Address           |                |       |          |
| 203-744-4482             |  |           | 203-791-2217             |                          |                 | ROBDORSCH@SBCBLOBAL.NET |                |       |          |

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 |              |
|----------------------------------|----------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0341034                        | ACLS PROPERTIES INC. |  |                     | NC             | 40         | P          | GW             |              |
| Local Address (where applicable) |                      |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 132 FEDERAL ROAD L07041          |                      |  |                     |                | 3          |            |                |              |
| Towns Served: DANBURY            |                      |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Chlorine Residual (1012)                        |                    | 1 routine (RT) per month |                   |
|---|--------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25   |                          | Complete          |
|   | 6/1/25 - 6/30/25   |                          | Complete          |
|   | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
| Total Coliform (3100)                           |                    | 1 routine (RT) per month |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25   |                          | Complete          |
|   | 6/1/25 - 6/30/25   |                          | Complete          |
|   | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
|   | 9/1/25 - 9/30/25   |                          |                   |
|   | 10/1/25 - 10/31/25 |                          |                   |
|   | 11/1/25 - 11/30/25 |                          |                   |
|   | 12/1/25 - 12/31/25 |                          |                   |
|   | 1/1/26 - 1/31/26   |                          |                   |
|   | 2/1/26 - 2/28/26   |                          |                   |
|   | 3/1/26 - 3/31/26   |                          |                   |
|   | 4/1/26 - 4/30/26   |                          |                   |
| Disinfectant Byproducts - TTHM & HAA5 (DBP)     |                    | 1 routine (RT) per year  |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/24 - 12/31/24  | 7/1-9/30                 |                   |
|   | 1/1/25 - 12/31/25  | 7/1-9/30                 |                   |
|   | 1/1/26 - 12/31/26  | 7/1-9/30                 |                   |
| Physical Parameters (PPS)                       |                    | 1 routine (RT) per month |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25   |                          | Complete          |
|   | 6/1/25 - 6/30/25   |                          | Complete          |
|   | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
|   | 9/1/25 - 9/30/25   |                          |                   |
|   | 10/1/25 - 10/31/25 |                          |                   |
|   | 11/1/25 - 11/30/25 |                          |                   |
|   | 12/1/25 - 12/31/25 |                          |                   |
|   | 1/1/26 - 1/31/26   |                          |                   |
|   | 2/1/26 - 2/28/26   |                          |                   |
|   | 3/1/26 - 3/31/26   |                          |                   |
|   | 4/1/26 - 4/30/26   |                          |                   |
|   |                    |                          |                   |

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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 |          |              |
| CT0341034                        | ACLS PROPERTIES INC. | NC                  | 40          | P          | GW             |          |              |
| Local Address (where applicable) |                      | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 132 FEDERAL ROAD L07041          |                      |                     |             | 3          |                |          |              |
| Towns Served: DANBURY            |                      |                     |             |            |                |          |              |

Monitoring Requirements

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

Nitrate And Nitrite (NOX)

1 routine (RT) per year

|                                    |                   |                   |                   |
|------------------------------------|-------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/24 - 12/31/24 |                   | Complete          |
|                                    | 1/1/25 - 12/31/25 |                   |                   |
|                                    | 1/1/26 - 12/31/26 |                   |                   |

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  |
| Chlorine              | Entry Point RDC (EPRD)                | Minimum: 1.0 MG/L  | Daily              |
| Start Date: 11/1/2023 | Compliance History:                   | Operating Limit    | Monitoring         |
|                       | Monitoring Period                     | Compliance Status: | Compliance Status: |
|                       | 5/1/2025 - 5/31/2025                  | Y                  |                    |
|                       | 6/1/2025 - 6/30/2025                  | Y                  |                    |
|                       | 7/1/2025 - 7/31/2025                  | Y                  |                    |
|                       | 8/1/2025 - 8/31/2025                  | Y                  |                    |
|                       | 9/1/2025 - 9/30/2025                  |                    |                    |

Other Compliance Schedules

|                              |           |               |
|------------------------------|-----------|---------------|
| Compliance Schedule Activity | Due Date  | Achieved Date |
| RESPOND TO SANITARY SURVEY   | 8/15/2021 |               |

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      |                     |                           |          |                  |
|                          |                       | RRATT             | RR AT AND T                | A      | Y                   |                           | Y        |                  |
|                          |                       | RRSUBWAY          | RR SUBWAY                  | A      | Y                   |                           | Y        |                  |
|                          |                       | SUBHAND           | SUBWAY HAND SINK           | A      | Y                   |                           | Y        |                  |
|                          |                       | SUBSLOP           | SUBWAY SLOP SINK           | A      | Y                   |                           | Y        |                  |
|                          |                       | SUBTRIPLE         | SUBWAY TRIPLE SINK         | A      | Y                   |                           | Y        |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20654                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 59903                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

Contact Information

|                          |                          |           |       |          |
|--------------------------|--------------------------|-----------|-------|----------|
| Name                     | Organization             | Job Title |       |          |
| Mr. Louis Sclafani       | Acls Properties Inc      | President |       |          |
| Mailing Address Line One | Mailing Address Line Two | City      | State | Zip Code |
| 132 Federal Road         | Suite 103                | Danbury   | CT    | 06811    |

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: 10/3/2025

Page 22

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|  |                             |                     |              |                 |                         |
|--|-----------------------------|---------------------|--------------|-----------------|-------------------------|
| PWS ID   | PWS Name                    | Classification      | Population   | Owner Type      | Primary Source          |
| <b>CT0341034</b>   | <b>ACLS PROPERTIES INC.</b> | <b>NC</b>           | <b>40</b>    | <b>P</b>        | <b>GW</b>               |
| Local Address (where applicable)   |                             | Service Connections | Residential  | Commercial      | Industrial              |
| 132 FEDERAL ROAD L07041  |                             |                     | 3            |                 |                         |
| Towns Served: DANBURY  |                             |                     |              |                 |                         |
| Business Phone   | Extension                   | Fax                 | Mobile Phone | Emergency Phone | Email Address           |
| 203-778-2225   |                             |                     | 203-470-9156 |                 | sclafanilou57@gmail.com |
| Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>   |                             |                     |              |                 |                         |
| <p><b>Please note the following:</b></p> <ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol> |                             |                     |              |                 |                         |

***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 |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0341064                        | TAORMINA RESTAURANT |  |                     | NC             | 28         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 84 BALL POND ROAD                |                     |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                     |  |                     |                |            |            |                |              |

### 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   |                            |                   |
|   | 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 (WSF ID: 00700)

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

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date  | Achieved Date |
|------------------------------|-----------|---------------|
| RESPOND TO SANITARY SURVEY   | 3/30/2025 |               |

### 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      |                     |                           |          |                  |
|                          |                       | TR001             | RR LADY ROOM               | A      | Y                   |                           | Y        |                  |
|                          |                       | TR002             | RR MENS RR                 | A      | Y                   |                           | Y        |                  |
|                          |                       | TR003             | HAND SINK                  | A      | Y                   |                           | Y        |                  |
|                          |                       | TR004             | KIT SNK TRPL SNK           | A      | Y                   |                           | Y        |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20656                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 63226                    | SOFTENER              |                   |                            |        |                     |                           |          |                  |

### Contact Information

| Name                     |                          | Organization        | Job Title |       |          |
|--------------------------|--------------------------|---------------------|-----------|-------|----------|
| Ms. Gina Clarizio        |                          | Taormina Restaurant | Owner     |       |          |
| Mailing Address Line One | Mailing Address Line Two |                     | City      | State | Zip Code |

**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     |
| <b>CT0341064</b>   | <b>TAORMINA RESTAURANT</b>    | <b>NC</b>                | <b>28</b>           | <b>P</b>        | <b>GW</b>          |
| Local Address (where applicable)   |                               | Service Connections      | Residential         | Commercial      | Industrial         |
| 84 BALL POND ROAD  |                               |                          | 1                   |                 |                    |
| Towns Served: DANBURY  |                               |                          |                     |                 |                    |
| 99 Hoyts Hill Road   |                               |                          | Bethel              | CT              | 06801              |
| Business Phone   | Extension                     | Fax                      | Mobile Phone        | Emergency Phone | Email Address      |
| 203-746-1040   |                               |                          |                     | 203-792-4408    |                    |
| Contact Role(s):   | <b>Legal Contact, Owner</b>   |                          |                     |                 |                    |
| Name   |                               |                          | Organization        |                 | Job Title          |
| <b>Mr. Jose Sari</b>   |                               |                          | Taormina Restaurant |                 |                    |
| Mailing Address Line One   |                               | Mailing Address Line Two |                     | City            | State              |
| Taormina Restaurant  |                               | 84 Ball Pond Road        |                     | New Fairfield   | CT                 |
| Business Phone   | Extension                     | Fax                      | Mobile Phone        | Emergency Phone | Email Address      |
| 203-746-1040   |                               |                          | 203-313-3147        |                 | junior1699@aol.com |
| Contact Role(s):   | <b>Administrative Contact</b> |                          |                     |                 |                    |
| <p><b>Please note the following:</b></p> <ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol> |                               |                          |                     |                 |                    |

***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 |              |
|----------------------------------|--------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0341164                        | 18 MILL PLAIN ROAD |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                    |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 16, 18, 22 MILL PLAIN ROAD       |                    |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                    |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per month |                   |
|---|--------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25   |                          | Complete          |
|   | 6/1/25 - 6/30/25   |                          | Complete          |
|   | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
|   | 9/1/25 - 9/30/25   |                          |                   |
|   | 10/1/25 - 10/31/25 |                          |                   |
|   | 11/1/25 - 11/30/25 |                          |                   |
|   | 12/1/25 - 12/31/25 |                          |                   |
|   | 1/1/26 - 1/31/26   |                          |                   |
|   | 2/1/26 - 2/28/26   |                          |                   |
|   | 3/1/26 - 3/31/26   |                          |                   |
|   | 4/1/26 - 4/30/26   |                          |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per month |                   |
|---|--------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25   |                          | Complete          |
|   | 6/1/25 - 6/30/25   |                          | Complete          |
|   | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
|   | 9/1/25 - 9/30/25   |                          |                   |
|   | 10/1/25 - 10/31/25 |                          |                   |
|   | 11/1/25 - 11/30/25 |                          |                   |
|   | 12/1/25 - 12/31/25 |                          |                   |
|   | 1/1/26 - 1/31/26   |                          |                   |
|   | 2/1/26 - 2/28/26   |                          |                   |
|   | 3/1/26 - 3/31/26   |                          |                   |
|   | 4/1/26 - 4/30/26   |                          |                   |

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

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

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date   | Achieved Date |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY   | 5/15/2016  |               |
| RESPOND TO SANITARY SURVEY   | 11/17/2021 |               |

**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 |              |
|----------------------------------|--------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0341164                        | 18 MILL PLAIN ROAD |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                    |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 16, 18, 22 MILL PLAIN ROAD       |                    |  |                     | 1              |            |            |                |              |
| Towns Served: DANBURY            |                    |  |                     |                |            |            |                |              |

### 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      |                     |                           |          |                  |
|                          |                       | MPD001            | KIT HAND SNK 1             | A      | Y                   |                           | Y        |                  |
|                          |                       | MPD002            | KIT HAND SNK 2             | A      | Y                   |                           | Y        |                  |
|                          |                       | MPD003            | KIT SNK DOUBLE             | A      | Y                   |                           | Y        |                  |
|                          |                       | MPD004            | RR LADY ROOM               | A      | Y                   |                           | Y        |                  |
|                          |                       | MPD005            | RR MENS RR                 | A      | Y                   |                           | Y        |                  |
|                          |                       | MPD006            | KIT SNK SINGLE SNK 1       | A      | Y                   |                           | Y        |                  |
|                          |                       | MPD007            | KIT SNK SINGLE SNK 2       | A      | Y                   |                           | Y        |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20661                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 54199                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |           |     |                          |                 |               |         |           |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|---------|-----------|----------|
| Name                     |           |     |                          | Organization    |               |         | Job Title |          |
| <b>Emxm LLC</b>          |           |     |                          |                 |               |         |           |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |               | City    | State     | Zip Code |
| 16 Mill Plain Road       |           |     |                          |                 |               | Danbury | CT        | 06811    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |         |           |          |
|                          |           |     |                          |                 |               |         |           |          |

Contact Role(s): **Owner**

|                              |           |              |                          |                 |                  |           |           |          |
|------------------------------|-----------|--------------|--------------------------|-----------------|------------------|-----------|-----------|----------|
| Name                         |           |              |                          | Organization    |                  |           | Job Title |          |
| <b>Mr. George Marnelakis</b> |           |              |                          |                 |                  |           |           |          |
| Mailing Address Line One     |           |              | Mailing Address Line Two |                 |                  | City      | State     | Zip Code |
| 108 Maple Tree Hill Rd       |           |              |                          |                 |                  | Southbury | CT        | 06488    |
| Business Phone               | Extension | Fax          | Mobile Phone             | Emergency Phone | Email Address    |           |           |          |
| 203-417-1269                 |           | 203-426-8019 |                          | 203-788-5153    | gmarnelos@me.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**

*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 |              |
| CT0341194                              | WOOSTER MOUNTAIN GUN CLUB |  |                     | NC             | 25         | S          | GW             |              |
| Local Address (where applicable)       |                           |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| DANBURY ROAD (RT 7), DANBURY, CT 06810 |                           |  |                     |                | 2          |            |                |              |
| Towns Served: DANBURY                  |                           |  |                     |                |            |            |                |              |

### 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 | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          |                          |

**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 | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          |                          |

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)                           | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |

### 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                          |                                  |                 |                         |
|                                 |                              | DOWNSTEAM                | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | WM001                    | KIT SNK                           | A             | Y                          |                                  | Y               |                         |
|                                 |                              | WM002                    | RR MENS RR                        | A             | Y                          |                                  | Y               |                         |
|                                 |                              | WM003                    | RR LADY ROOM                      | A             | Y                          |                                  | Y               |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 20662                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

|                          |  |           |                          |                              |              |                 |                          |       |            |
|--------------------------|--|-----------|--------------------------|------------------------------|--------------|-----------------|--------------------------|-------|------------|
| Name                     |  |           |                          | Organization                 |              |                 | Job Title                |       |            |
| Mr. Dean A. Price        |  |           |                          | Danbury Shooting Sports Assn |              |                 | Director                 |       |            |
| Mailing Address Line One |  |           | Mailing Address Line Two |                              |              | City            |                          | State | Zip Code   |
| P O Box 7145             |  |           |                          |                              |              | Wilton          |                          | CT    | 06897-7154 |
| Business Phone           |  | Extension | Fax                      |                              | Mobile Phone | Emergency Phone | Email Address            |       |            |
| 203-762-5858             |  |           | 203-762-9909             |                              |              | 203-762-5858    | hopalongdingdong@aol.com |       |            |

Contact Role(s): **Administrative Contact**

*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      |
| <b>CT0341194</b>                             | <b>WOOSTER MOUNTAIN GUN CLUB</b> | NC                       | 25           | S                   | GW                  |
| Local Address (where applicable)             |                                  | Service Connections      | Residential  | Commercial          | Industrial          |
| DANBURY ROAD (RT 7), DANBURY, CT 06810       |                                  |                          | 2            |                     |                     |
| Towns Served: DANBURY                        |                                  |                          |              |                     |                     |
| Name   |                                  | Organization             |              | Job Title           |                     |
| <b>Mr. David Cooley</b>                      |                                  | Deep-Engineering Unit    |              | Supv Civil Engineer |                     |
| Mailing Address Line One                     |                                  | Mailing Address Line Two |              | City                | State               |
| 163 Great Hill Road                          |                                  |                          |              | Portland            | CT                  |
| Zip Code                                     |                                  |                          |              |                     |                     |
|  | 06480                            |                          |              |                     |                     |
| Business Phone                               | Extension                        | Fax                      | Mobile Phone | Emergency Phone     | Email Address       |
| 860-424-4120                                 |                                  | 860-344-2560             | 860-205-7552 | 860-424-3333        | david.cooley@ct.gov |
| Contact Role(s): <b>Legal Contact, Owner</b> |                                  |                          |              |                     |                     |

**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 |
|----------------------------------|---------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0341244                        | REBELLION KITCHEN AND BAR |                     |             | NC             | 0          | P          | GW             |
| Local Address (where applicable) |                           | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 129/131 PANDANRAM ROAD           |                           |                     |             | 1              |            |            |                |
| Towns Served: DANBURY            |                           |                     |             |                |            |            |                |

### 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 | 5/1/25 - 5/31/25         |                          | Complete                 |
|   | 6/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 7/31/25         |                          | Complete                 |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          |                          |
|   | 10/1/25 - 10/31/25       |                          |                          |
|   | 11/1/25 - 11/30/25       |                          |                          |
|   | 12/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 1/31/26         |                          |                          |
|   | 2/1/26 - 2/28/26         |                          |                          |
|   | 3/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 4/30/26         |                          |                          |

| 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 | 7/26/25 - 7/31/25        |                          | 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 | 5/1/25 - 5/31/25         |                          | Complete                 |
|   | 6/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 7/31/25         |                          | Complete                 |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          |                          |
|   | 10/1/25 - 10/31/25       |                          |                          |
|   | 11/1/25 - 11/30/25       |                          |                          |
|   | 12/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 1/31/26         |                          |                          |
|   | 2/1/26 - 2/28/26         |                          |                          |
|   | 3/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 4/30/26         |                          |                          |

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)                           | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |

Water System Facility: **WELL (WSF ID: 20664)**

**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 |
|----------------------------------|---------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0341244                        | REBELLION KITCHEN AND BAR |                     |             | NC             | 0          | P          | GW             |
| Local Address (where applicable) |                           | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 129/131 PANDANRAM ROAD           |                           |                     |             | 1              |            |            |                |
| Towns Served: DANBURY            |                           |                     |             |                |            |            |                |

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 20664)

| E. Coli (3014)                     |                   |                   |                   | 1 triggered (TG) per period |
|------------------------------------|-------------------|-------------------|-------------------|-----------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |                             |
| WELL (2)                           | 7/25/25 - 7/31/25 |                   |                   |                             |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date  | Achieved Date |
|------------------------------|-----------|---------------|
| L1 ASSESSMENT (MULTIPLE TC+) | 8/30/2025 |               |

### 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      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20664                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

| Name                     |  |           |                          | Organization        |  | Job Title       |                      |       |          |
|--------------------------|--|-----------|--------------------------|---------------------|--|-----------------|----------------------|-------|----------|
| Mr. Taranjit Randhawa    |  |           |                          | Rebellion Resturant |  | Owner           |                      |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                     |  | City            |                      | State | Zip Code |
| 129 Padanaram Road       |  |           |                          |                     |  | Danbury         |                      | CT    | 06811    |
| Business Phone           |  | Extension | Fax                      | Mobile Phone        |  | Emergency Phone | Email Address        |       |          |
| 203-240-6470             |  |           |                          |                     |  |                 | randhawats@gmail.com |       |          |

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.
- 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 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 |          |              |
| CT0341294                        | CHUCKS STEAK HOUSE | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 20 SEGAR STREET                  |                    |                     |             | 1          |                |          |              |
| Towns Served: DANBURY            |                    |                     |             |            |                |          |              |

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 And Nitrite (NOX)

1 routine (RT) per year

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3)                    | 1/1/24 - 12/31/24 |                   | Complete          |
|                                    | 1/1/25 - 12/31/25 |                   | Complete          |
|                                    | 1/1/26 - 12/31/26 |                   |                   |

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                   |                           |          |                  |
|                          |                       | CSH001            | KIT SNK DOUBLE 1           | A      | Y                   |                           | Y        |                  |
|                          |                       | CSH002            | KIT SNK DOUBLE 2           | A      | Y                   |                           | Y        |                  |
|                          |                       | CSH003            | KIT HAND SNK               | A      | Y                   |                           | Y        |                  |
|                          |                       | CSH004            | SERVERS STAT H SNK         | A      | Y                   |                           | Y        |                  |
|                          |                       | CSH005            | BAR SINK                   | A      | Y                   |                           | Y        |                  |
|                          |                       | CSH006            | RR LADY ROOM               | A      | Y                   |                           | Y        |                  |
|                          |                       | CSH007            | RR MENS RR                 | A      | Y                   |                           | Y        |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 22832                    | WELL #1               | 2                 | WELL #1                    | A      |                     |                           |          |                  |
| 54195                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

Contact Information

|                          |                          |           |       |          |
|--------------------------|--------------------------|-----------|-------|----------|
| Name                     | Organization             | Job Title |       |          |
| Mr. Hank Zaccara         | Chucks Steakhouse        | Owner     |       |          |
| Mailing Address Line One | Mailing Address Line Two | City      | State | Zip Code |
| 20 Segar Street          |                          | Danbury   | CT    | 06810    |

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: 10/3/2025

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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            |
| <b>CT0341294</b>                               | <b>CHUCKS STEAK HOUSE</b> | NC                       | 25                  | P               | GW                        |
| Local Address (where applicable)               |                           | Service Connections      | Residential         | Commercial      | Industrial                |
| 20 SEGAR STREET                                |                           |                          | 1                   |                 |                           |
| Towns Served: DANBURY                          |                           |                          |                     |                 |                           |
| 20 Segar Street                                |                           |                          |                     |                 |                           |
| Business Phone                                 | Extension                 | Fax                      | Mobile Phone        | Emergency Phone | Email Address             |
| 203-792-5555                                   |                           | 203-792-5246             |                     | 860-210-1982    |                           |
| Contact Role(s): <b>Legal Contact, Owner</b>   |                           |                          |                     |                 |                           |
| Name   |                           |                          | Organization        |                 | Job Title                 |
| <b>Mr. Edward Stock</b>                        |                           |                          | Chuck's Steak House |                 | General Manager           |
| Mailing Address Line One                       |                           | Mailing Address Line Two |                     | City            | State                     |
| 20 Segar St                                    |                           |                          |                     | Danbury         | CT                        |
| Business Phone                                 | Extension                 | Fax                      | Mobile Phone        | Emergency Phone | Email Address             |
| 203-792-5555                                   |                           |                          |                     | 203-470-8800    | edstock@chucksdanbury.com |
| Contact Role(s): <b>Administrative Contact</b> |                           |                          |                     |                 |                           |

**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 |              |
|----------------------------------|--------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0341314                        | 120 CLAPBOARD RIDGE ROAD |  |                     | NC             | 40         | P          | GW             |              |
| Local Address (where applicable) |                          |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
|                                  |                          |  |                     | 4              |            |            |                |              |

Towns Served: DANBURY

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

Water System Facility: WELL #1 (WSF ID: 22958)

| E. Coli (3014)                     |                    | 1 routine (RT) per quarter |                   |
|------------------------------------|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period          | Compliance Status |
| WELL (2)                           | 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 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      |                     |                           |          |                  |
|                          |                          | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT              | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 22958                    | WELL #1                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 54189                    | TREATMENT PLANT          |                   |                            |        |                     |                           |          |                  |
| 54191                    | ATMOSPHERIC STORAGE TANK |                   |                            |        |                     |                           |          |                  |

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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 |
|----------------------------------|--------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0341314                        | 120 CLAPBOARD RIDGE ROAD |                     |             | NC             | 40         | P          | GW             |
| Local Address (where applicable) |                          | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
|                                  |                          |                     |             | 4              |            |            |                |

Towns Served: DANBURY

### Contact Information

| Name                     |  |           |                          | Organization |              |                 | Job Title             |       |          |
|--------------------------|--|-----------|--------------------------|--------------|--------------|-----------------|-----------------------|-------|----------|
| Dr. Ralph Giuliano       |  |           |                          |              |              |                 | Property Owner        |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |              |              | City            |                       | State | Zip Code |
| 120 Clapboard Ridge Road |  |           |                          |              |              | Danbury         |                       | CT    | 06810    |
| Business Phone           |  | Extension | Fax                      |              | Mobile Phone | Emergency Phone | Email Address         |       |          |
| 203-744-5941             |  |           | 230-797-0865             |              | 203-264-9628 | 203-744-5947    | giulianodds@gmail.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.

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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 |              |
|----------------------------------|------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340013                        | UNITED METHODIST CHURCH OF DANBURY |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                    |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 5 CLAPBOARD RIDGE ROAD           |                                    |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                                    |  |                     |                |            |            |                |              |

### 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 | 5/1/25 - 5/31/25         |                          | Complete                 |
|   | 6/1/25 - 6/30/25         |                          |                          |
|   | 7/1/25 - 7/31/25         |                          | Complete                 |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          |                          |
|   | 10/1/25 - 10/31/25       |                          |                          |
|   | 11/1/25 - 11/30/25       |                          |                          |
|   | 12/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 1/31/26         |                          |                          |
|   | 2/1/26 - 2/28/26         |                          |                          |
|   | 3/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 4/30/26         |                          |                          |

| 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 | 5/1/25 - 5/31/25         |                          | Complete                 |
|   | 6/1/25 - 6/30/25         |                          |                          |
|   | 7/1/25 - 7/31/25         |                          | Complete                 |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          |                          |
|   | 10/1/25 - 10/31/25       |                          |                          |
|   | 11/1/25 - 11/30/25       |                          |                          |
|   | 12/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 1/31/26         |                          |                          |
|   | 2/1/26 - 2/28/26         |                          |                          |
|   | 3/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 4/30/26         |                          |                          |

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)                           | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |

### 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> |
| Total Coliform M&R Violation    | 7/1/04 - 7/31/04         | 2                  | 4/29/2005                  |                  | 5/9/2005                |                 |
| Monochlorobenzene M&R Violation | 1/1/05 - 3/31/05         | 3                  | 10/17/2006                 |                  | 10/27/2006              |                 |

**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 |
|----------------------------------|------------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0340013                        | UNITED METHODIST CHURCH OF DANBURY |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                                    | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 5 CLAPBOARD RIDGE ROAD           |                                    |                     |             | 1              |            |            |                |
| Towns Served: DANBURY            |                                    |                     |             |                |            |            |                |

### Public Notification Requirements

| Violation/Situation                | Compliance Period  | Notice Tier | Public Notification |           | PN Certification |          |
|------------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
|                                    |                    |             | Required            | Performed | Due to DPH       | Received |
| Chlorodibromomethane M&R Violation | 1/1/05 - 3/31/05   | 3           | 10/17/2006          |           | 10/27/2006       |          |
| Total Coliform MCL Violation       | 10/1/06 - 12/31/06 | 2           | 11/25/2006          |           | 12/5/2006        |          |

### 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      |                     |                           |          |                  |
|                          |                       | KS                | KIT SNK                    | A      | Y                   |                           | Y        |                  |
|                          |                       | UM001             | L RM BY OFF L SINK         | P      | Y                   | 1                         |          |                  |
|                          |                       | UM002             | L RM BY OFF R SINK         | P      | Y                   | 1                         |          |                  |
|                          |                       | UM003             | M RM BY OFF L SINK         | P      | Y                   | 1                         |          |                  |
|                          |                       | UM004             | M RM BY OFF R SINK         | P      | Y                   | 1                         |          |                  |
|                          |                       | UM005             | WF BY OFFICE               | P      | Y                   | 1                         |          |                  |
|                          |                       | UM006             | L RM BY NURS L SINK        | P      | Y                   | 1                         |          |                  |
|                          |                       | UM007             | L RM BY NURS R SINK        | P      | Y                   | 1                         |          |                  |
|                          |                       | UM008             | M RM BY NURS SINK          | P      | Y                   | 1                         |          |                  |
|                          |                       | UM009             | KITCHEN                    | P      | Y                   | 1                         |          |                  |
|                          |                       | UM010             | EASTSIDE M RM SINK         | P      | Y                   | 1                         |          |                  |
|                          |                       | UM011             | EASTSIDE WM RM SINK        | P      | Y                   | 1                         |          |                  |
|                          |                       | UM012             | WESTSIDE M RM SINK         | P      | Y                   | 1                         |          |                  |
|                          |                       | UM013             | WESTSIDE WM RM SINK        | P      | Y                   | 1                         |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 11027                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

| Name                               |  |           |                          | Organization |              | Job Title       |               |       |            |
|------------------------------------|--|-----------|--------------------------|--------------|--------------|-----------------|---------------|-------|------------|
| United Methodist Church of Danbury |  |           |                          |              |              |                 |               |       |            |
| Mailing Address Line One           |  |           | Mailing Address Line Two |              |              | City            |               | State | Zip Code   |
| 5 Clapboard Ridge Rd               |  |           |                          |              |              | Danbury         |               | CT    | 06811-4525 |
| Business Phone                     |  | Extension | Fax                      |              | Mobile Phone | Emergency Phone | Email Address |       |            |
|                                    |  |           |                          |              |              |                 |               |       |            |

Contact Role(s): Legal Contact, Owner

**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    |
| <b>CT0340013</b>                               | <b>UNITED METHODIST CHURCH OF DANBURY</b> | <b>NC</b>                      | <b>25</b>    | <b>P</b>        | <b>GW</b>         |
| Local Address (where applicable)               |   | Service Connections            | Residential  | Commercial      | Industrial        |
| 5 CLAPBOARD RIDGE ROAD                         |   |                                | <b>1</b>     |                 |                   |
| Towns Served: DANBURY                          |   |                                |              |                 |                   |
| Name   |   | Organization                   |              | Job Title       |                   |
| <b>Ms. Sue Teer</b>                            |   | United Methodist Church of Dan |              | Trustee         |                   |
| Mailing Address Line One                       |   | Mailing Address Line Two       |              | City            | State             |
| 5 Clapboard Ridge Rd                           |   |                                |              | Danbury         | CT                |
| Business Phone                                 | Extension                                 | Fax                            | Mobile Phone | Emergency Phone | Email Address     |
| 203-512-3288                                   |   |                                |              |                 | eventlady@att.net |
| Contact Role(s): <b>Administrative Contact</b> |   |                                |              |                 |                   |

**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 |
|----------------------------------|------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0341204                        | NORDAN LLC |                     |             | NC             | 400        | P          | GW             |
| Local Address (where applicable) |            | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 132 FEDERAL ROAD L08029          |            |                     |             |                |            | 1          |                |
| Towns Served: DANBURY            |            |                     |             |                |            |            |                |

### 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 | 5/1/25 - 5/31/25         |                          | Complete                 |
|   | 6/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 7/31/25         |                          | Complete                 |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 10/31/25       |                          |                          |
|   | 11/1/25 - 11/30/25       |                          |                          |
|   | 12/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 1/31/26         |                          |                          |
|   | 2/1/26 - 2/28/26         |                          |                          |
|   | 3/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 4/30/26         |                          |                          |

| 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 | 5/1/25 - 5/6/25          |                          | Complete                 |
|   | 5/1/25 - 5/6/25          |                          | Complete                 |
|   | 5/1/25 - 5/6/25          |                          | 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 | 4/1/25 - 4/30/25         | 4/1-4/30                   | 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 | 5/1/25 - 5/31/25         |                          | Complete                 |
|   | 6/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 7/31/25         |                          | Complete                 |
|   | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 10/31/25       |                          |                          |
|   | 11/1/25 - 11/30/25       |                          |                          |
|   | 12/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 1/31/26         |                          |                          |
|   | 2/1/26 - 2/28/26         |                          |                          |
|   | 3/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 4/30/26         |                          |                          |

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)                           | 1/1/25 - 12/31/25        |                          | Complete                 |

*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 |              |
| CT0341204                        | NORDAN LLC |  |             | NC             | 400        | P          | GW             |              |
| Local Address (where applicable) |            |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 132 FEDERAL ROAD L08029          |            |  | Connections |                |            |            | 1              |              |
| Towns Served: DANBURY            |            |  |             |                |            |            |                |              |

### Monitoring Requirements

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

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
|                                    | 1/1/26 - 12/31/26 |                         |                   |

Water System Facility: WELL 1 (WSF ID: 63153)

| E. Coli (3014)                     |                   | 1 triggered (TG) per period |                   |
|------------------------------------|-------------------|-----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period           | Compliance Status |
| WELL 1 (2)                         | 4/30/25 - 5/6/25  |                             | Complete          |
|                                    | 4/30/25 - 5/6/25  |                             | Complete          |
|                                    | 4/30/25 - 5/6/25  |                             | 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  |
|----------------------|---------------------------------------|--------------------|--------------------|
| Chlorine             | Entry Point RDC (EPRD)                | Minimum: 0.7 MG/L  | Daily              |
| Start Date: 5/1/2025 | Compliance History:                   | Operating Limit    | Monitoring         |
|                      | Monitoring Period                     | Compliance Status: | Compliance Status: |
|                      | 5/1/2025 - 5/31/2025                  | Y                  |                    |
|                      | 6/1/2025 - 6/30/2025                  | Y                  |                    |
|                      | 7/1/2025 - 7/31/2025                  | Y                  |                    |
|                      | 8/1/2025 - 8/31/2025                  | Y                  |                    |
|                      | 9/1/2025 - 9/30/2025                  |                    |                    |

### 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      |                     |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | SINK1             | SPACE A 1 REST RM          | A      | Y                   |                           |          |                  |
|                          |                       | SINK2             | FAUCET UTILITY SINK        | A      | Y                   |                           |          |                  |
|                          |                       | SINK3             | SPACE A 2 REST RM          | A      | Y                   |                           |          |                  |
|                          |                       | SINK4             | SPACE B REST RM            | A      | Y                   |                           |          |                  |
|                          |                       | SINK5             | SPACE C REST RM            | A      | Y                   |                           |          |                  |
|                          |                       | SINK6             | SPACE D 3 BAY SINK         | A      | Y                   |                           |          |                  |
|                          |                       | SINK7             | SPACE E REST RM            | A      | Y                   |                           |          |                  |
|                          |                       | TAP2              | TAP UTILITY RM SINK        | A      | Y                   |                           |          |                  |
|                          |                       | TAP3              | SPACE 1-A AFTER TREA       | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 63153                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |
| 63209                    | STORAGE/CONTACT TANKS |                   |                            |        |                     |                           |          |                  |

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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 |              |
|----------------------------------|------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0341204                        | NORDAN LLC |  |                     | NC             | 400        | P          | GW             |              |
| Local Address (where applicable) |            |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 132 FEDERAL ROAD L08029          |            |  |                     |                |            |            | 1              |              |
| Towns Served: DANBURY            |            |  |                     |                |            |            |                |              |

### 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 63210                    | BOOSTER PUMP          |                   |                            |        |                     |                           |          |                  |
| 63304                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                             |           |     |                          |                 |                             |                  |       |          |
|-----------------------------|-----------|-----|--------------------------|-----------------|-----------------------------|------------------|-------|----------|
| Name                        |           |     | Organization             |                 |                             | Job Title        |       |          |
| <b>Mr. Robert Benincasa</b> |           |     | Nordan LLC               |                 |                             | Building Manager |       |          |
| Mailing Address Line One    |           |     | Mailing Address Line Two |                 |                             | City             | State | Zip Code |
| 132 Federal Rd.             |           |     | Lot 08029                |                 |                             | Danbury          | CT    | 06811    |
| Business Phone              | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address               |                  |       |          |
| 203-994-9161                |           |     |                          | 203-994-9161    | rbenincasabuilder@gmail.com |                  |       |          |

Contact Role(s): **Administrative Contact**

|                          |           |     |                          |                 |                      |                |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------|----------------------|----------------|-------|----------|
| Name                     |           |     | Organization             |                 |                      | Job Title      |       |          |
| <b>Ms. Elise Jaffe</b>   |           |     | Nordan LLC               |                 |                      | Manager        |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |                      | City           | State | Zip Code |
| P.O. Box 535             |           |     |                          |                 |                      | Valley Cottage | NY    | 10989    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address        |                |       |          |
| 914-924-2899             |           |     |                          | 914-924-2899    | jaffeelise@gmail.com |                |       |          |

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 |              |
|----------------------------------|--------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340044                        | 12 MILL PLAIN ROAD |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                    |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 12 MILL PLAIN ROAD               |                    |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                    |  |                     |                |            |            |                |              |

### 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   |                            |                   |
|   | 7/1/25 - 9/30/25   |                            |                   |
|   | 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   |                            |                   |
|   | 7/1/25 - 9/30/25   |                            |                   |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |

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

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                         |                   |
|                                    | 1/1/26 - 12/31/26 |                         |                   |

### 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      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 63281                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|   |  |           |                          |                         |  |                 |                  |       |          |
|---|--|-----------|--------------------------|-------------------------|--|-----------------|------------------|-------|----------|
| Name                                    |  |           |                          | Organization            |  |                 | Job Title        |       |          |
| Mr. William Sabatini                    |  |           |                          | Jmb Real Estate Co, LLC |  |                 |                  |       |          |
| Mailing Address Line One                |  |           | Mailing Address Line Two |                         |  | City            |                  | State | Zip Code |
| 12 Mill Plain Rd                        |  |           |                          |                         |  | Danbury         |                  | CT    | 06810    |
| Business Phone                          |  | Extension | Fax                      | Mobile Phone            |  | Emergency Phone | Email Address    |       |          |
| 914-490-7268                            |  |           |                          |                         |  |                 | bsab75@yahoo.com |       |          |
| Contact Role(s): Administrative Contact |  |           |                          |                         |  |                 |                  |       |          |

**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 |              |
|----------------------------------|--------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0340044                        | 12 MILL PLAIN ROAD |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                    |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 12 MILL PLAIN ROAD               |                    |  |                     |                | 1          |            |                |              |
| Towns Served: DANBURY            |                    |  |                     |                |            |            |                |              |

**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 |              |
| CT0341234                        | 109 FEDERAL ROAD |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                  |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 109 FEDERAL ROAD                 |                  |  | Connections |                |            |            | 1              |              |
| Towns Served: DANBURY            |                  |  |             |                |            |            |                |              |

### 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 And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                         |                   |
|                                    | 1/1/26 - 12/31/26 |                         |                   |

### 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      |                     |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 63300                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |

### Contact Information

|   |           |                            |              |                 |                            |
|---|-----------|----------------------------|--------------|-----------------|----------------------------|
| Name  |           | Organization               |              | Job Title       |                            |
| Ms. Andrea Scalzo   |           | Scalzo Property Management |              |                 |                            |
| Mailing Address Line One                                      |           | Mailing Address Line Two   |              | City            | State Zip Code             |
| 2 Stony Hill Rd   |           | Suite 201                  |              | Bethel          | CT 06801                   |
| Business Phone  | Extension | Fax                        | Mobile Phone | Emergency Phone | Email Address              |
| 203-790-6888  | 691       | 203-790-9390               |              | 203-790-6888    | ascalzo@scalzoproperty.com |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |           |                            |              |                 |                            |

**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 |              |
|----------------------------------|------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0341234                        | 109 FEDERAL ROAD |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 109 FEDERAL ROAD                 |                  |  |                     |                |            |            | 1              |              |
| Towns Served: DANBURY            |                  |  |                     |                |            |            |                |              |

**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***