

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                      |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850102                        | OUR LADY OF THE ROSARY CHAPEL |  |                     | NC             | 39         | P          | GW             |              |
| Local Address (where applicable) |                               |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 15 PEPPER STREET                 |                               |  |                     | 2              |            |            |                |              |
| Towns Served: MONROE             |                               |  |                     |                |            |            |                |              |

### 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         |                          |                          |

| 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        |                          |                          |

### Monthly Water System Facility (WSF) Level Monitoring Requirements

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*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 |              |
|----------------------------------|-------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850102                        | OUR LADY OF THE ROSARY CHAPEL |  |                     | NC             | 39         | P          | GW             |              |
| Local Address (where applicable) |                               |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 15 PEPPER STREET                 |                               |  |                     | 2              |            |            |                |              |

Towns Served: MONROE

Water System Facility: **ENTRY POINT (WSFID: 00700)**

| Analyte              | Monitoring Requirement (Summary Type) | Operating Limit                    | Samples Req/Month             |
|----------------------|---------------------------------------|------------------------------------|-------------------------------|
| pH                   | Entry Point pH Monitoring (PHRD)      | Minimum: 7 PH                      | 4                             |
| Start Date: 1/1/2003 | Compliance History: Monitoring Period | Operating Limit Compliance Status: | Monitoring Compliance Status: |
|                      | 5/1/2025 - 5/31/2025                  |                                    |                               |
|                      | 6/1/2025 - 6/30/2025                  |                                    |                               |
|                      | 7/1/2025 - 7/31/2025                  |                                    |                               |
|                      | 8/1/2025 - 8/31/2025                  |                                    |                               |
|                      | 9/1/2025 - 9/30/2025                  |                                    |                               |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| CROSS CONNECTION EXEMPTION   | 3/1/2030 |               |

### 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      |                     |                           |          |                  |
|                          |                       | OLOTRC 1000       | CHURCH 3RD FLR LVG         | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 1001       | CHURCH 3RD LFR SINK        | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 1002       | CHURCH 3RD FLR LIVIN       | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 101        | BASEMENT SAMPLE TAP        | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 200        | KITCHEN SINK RECTORY       | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 300        | RECTORY BTH CHAPEL         | A      |                     | 1                         |          |                  |
|                          |                       | OLOTRC 301        | RECTORY SH CHAPL RM        | A      |                     | 1                         |          |                  |
|                          |                       | OLOTRC 400        | RECTORY LIV AREA TUB       | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 401        | RECOTRY LIV SINK 1         | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 402        | RECOTRY LIV SINK 2         | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 500        | RECOTRY 2ND FL BDRM        | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 600        | RECOTRY ATTIC BDRM         | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 601        | RECTORY ATTIC BDRM         | A      | Y                   | 1                         | Y        |                  |
|                          |                       | OLOTRC 700        | CHURCH BSMT GRSL RM        | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 701        | CURCH BSMT BOYS RM         | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 800        | CHURCH BSMT STAF KT        | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 900        | CHURCH 2ND FLR RM1         | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 901        | CHURCH 2ND FLR RM2         | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 902        | CHURCH 2ND FLR RM3         | A      | Y                   | 1                         |          |                  |
|                          |                       | OLOTRC 903        | CHURCH 2ND FLR LAUN        | A      | Y                   | N                         |          |                  |
|                          |                       | OTRC 401          | GENERATED BY BATCH         | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | 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 |              |
|----------------------------------|-------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850102                        | OUR LADY OF THE ROSARY CHAPEL |  |                     | NC             | 39         | P          | GW             |              |
| Local Address (where applicable) |                               |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 15 PEPPER STREET                 |                               |  |                     | 2              |            |            |                |              |
| Towns Served: MONROE             |                               |  |                     |                |            |            |                |              |

### 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 10405                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 45123                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 45123)**

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type     | Certification(s)                                                                     | Certification Expiration |
|---------------|-------------------|--------------------------------------------------------------------------------------|--------------------------|
| GRANT, SHANE  | CHIEF OPERATOR    | WATER TREATMENT PLANT OPERATOR - CLASS II<br>DISTRIBUTION SYSTEM OPERATOR - CLASS II | 9/30/2026<br>9/30/2026   |
| PETITTI, ANDY | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I<br>WATER TREATMENT PLANT OPERATOR - CLASS I   | 6/30/2028<br>12/31/2025  |

### Contact Information

|                               |           |     |                          |                              |               |           |          |
|-------------------------------|-----------|-----|--------------------------|------------------------------|---------------|-----------|----------|
| Name                          |           |     |                          | Organization                 |               | Job Title |          |
| Mr. Joseph Rotunda            |           |     |                          | Orthodox Roman Cath Movement |               | President |          |
| Mailing Address Line One      |           |     | Mailing Address Line Two |                              | City          | State     | Zip Code |
| Our Lady of The Rosary Chapel |           |     | 15 Pepper Street         |                              | Monroe        | CT        | 06468    |
| Business Phone                | Extension | Fax | Mobile Phone             | Emergency Phone              | Email Address |           |          |
| 203-261-6531                  |           |     |                          |                              |               |           |          |

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

|                          |           |     |                          |                               |                    |                |          |
|--------------------------|-----------|-----|--------------------------|-------------------------------|--------------------|----------------|----------|
| Name                     |           |     |                          | Organization                  |                    | Job Title      |          |
| Mr. William Bouton       |           |     |                          | Our Lady of The Rosary Chapel |                    | Administrative |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                               | City               | State          | Zip Code |
| 15 Pepper Street         |           |     |                          |                               | Monroe             | CT             | 06468    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone               | Email Address      |                |          |
| 203-673-9855             |           |     |                          | 203-874-2782                  | wdbouton@gmail.com |                |          |

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

#### 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 |              |
|----------------------------------|-------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850024                        | BEACON HILL EVANGELICAL FREE CHURCH |  |                     | NC             | 33         | P          | GW             |              |
| Local Address (where applicable) |                                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 371 OLD ZOAR ROAD                |                                     |  |                     |                | 2          |            |                |              |
| Towns Served: MONROE             |                                     |  |                     |                |            |            |                |              |

### 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         |                          |                          |

| 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 #1 (WSF ID: 21478)**

| 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> |
| WELL 1 (2)                                | 7/1/25 - 7/31/25         |                          |                          |
|                                           | 8/1/25 - 8/31/25         |                          |                          |

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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 |              |
|----------------------------------|-------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850024                        | BEACON HILL EVANGELICAL FREE CHURCH |  |                     | NC             | 33         | P          | GW             |              |
| Local Address (where applicable) |                                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 371 OLD ZOAR ROAD                |                                     |  |                     |                | 2          |            |                |              |
| Towns Served: MONROE             |                                     |  |                     |                |            |            |                |              |

### Monitoring Requirements

Water System Facility: **WELL #1 (WSF ID: 21478)**

| E. Coli (3014)                     |                    | 1 routine (RT) per month |                   |  |
|------------------------------------|--------------------|--------------------------|-------------------|--|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period        | Compliance Status |  |
|                                    | 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: **WELL 2 (WSF ID: 61020)**

| E. Coli (3014)                     |                    | 1 routine (RT) per month |                   |  |
|------------------------------------|--------------------|--------------------------|-------------------|--|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period        | Compliance Status |  |
| WELL 2 (2)                         | 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 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                   |                           |          |                  |
|                          |                       | BH001             | KIT SNK TRP LWR LEV        | A      | Y                   |                           | Y        |                  |
|                          |                       | BH002             | RR MENS LOWER LEVEL        | A      | Y                   |                           | Y        |                  |
|                          |                       | BH003             | RR LADIES LOWER LVL        | A      | Y                   |                           | Y        |                  |
|                          |                       | BH004             | KITCHENETTE MAIN FLR       | A      | Y                   |                           | Y        |                  |
|                          |                       | BH005             | RR LADY RM MAIN FLR        | A      | Y                   |                           | Y        |                  |
|                          |                       | BH006             | RR MENS RM MAIN FLR        | A      | Y                   |                           | Y        |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21478                    | WELL #1               | 2                 | WELL 1                     | A      |                     |                           |          |                  |
| 61020                    | WELL 2                | 2                 | WELL 2                     | A      |                     |                           |          |                  |

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| Towns Served: MONROE             |                                     |  |                     |                |            |            |                |              |

### 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 63186                    | UV TREATMENT          |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |           |              |                                |                 |                              |                      |       |          |
|--------------------------|-----------|--------------|--------------------------------|-----------------|------------------------------|----------------------|-------|----------|
| Name                     |           |              | Organization                   |                 |                              | Job Title            |       |          |
| Mr. James Duncan         |           |              | Beacon Hill Evangelical Church |                 |                              | Snr Property Manager |       |          |
| Mailing Address Line One |           |              | Mailing Address Line Two       |                 |                              | City                 | State | Zip Code |
| Beacon Hill Church       |           |              | 371 Old Zoar Road              |                 |                              | Monroe               | CT    | 06468    |
| Business Phone           | Extension | Fax          | Mobile Phone                   | Emergency Phone | Email Address                |                      |       |          |
| 203-268-8521             |           | 203-452-9126 | 203-627-8006                   |                 | deacons@beaconhillchurch.org |                      |       |          |

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

|                                     |           |     |                                |                 |                        |           |       |          |
|-------------------------------------|-----------|-----|--------------------------------|-----------------|------------------------|-----------|-------|----------|
| Name                                |           |     | Organization                   |                 |                        | Job Title |       |          |
| Mr. Richard Dennis                  |           |     | Beacon Hill Evangelical Free C |                 |                        | Deacon    |       |          |
| Mailing Address Line One            |           |     | Mailing Address Line Two       |                 |                        | City      | State | Zip Code |
| Beacon Hill Evangelical Free Church |           |     | 371 Old Zoar Road              |                 |                        | Monroe    | CT    | 06468    |
| Business Phone                      | Extension | Fax | Mobile Phone                   | Emergency Phone | Email Address          |           |       |          |
| 203-885-5318                        |           |     |                                |                 | richdennis74@gmail.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.
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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

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|----------------------------------|-------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850054                        | DUCHESS OF MONROE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                   |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 134 MAIN STREET                  |                   |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                   |  |                     |                |            |            |                |              |

### 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: **WELL (WSF ID: 21481)**

| 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   |                            |                   |
|                                    | 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                   |                           |          |                  |
|                          |                       | DOM001            | KIT HAND SNK FRONT         | A      | Y                   |                           | Y        |                  |
|                          |                       | DOM002            | KIT HAND SNK BACK          | A      | Y                   |                           | Y        |                  |
|                          |                       | DOM003            | KIT HAND SNK M             | A      | Y                   |                           | Y        |                  |
|                          |                       | DOM004            | RR MENS RR                 | A      | Y                   |                           | Y        |                  |
|                          |                       | DOM005            | RR LADY ROOM               | A      | Y                   |                           | Y        |                  |
|                          |                       | DOM006            | KIT SNK SINGLE             | A      | Y                   |                           | Y        |                  |
|                          |                       | DOM007            | KIT SNK TRPL SNK           | A      | Y                   |                           | Y        |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | 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 |
|----------------------------------|-------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0850054                        | DUCHESS OF MONROE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                   | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 134 MAIN STREET                  |                   |                     |             | 1              |            |            |                |
| Towns Served: MONROE             |                   |                     |             |                |            |            |                |

### 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> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 21481                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |
| 56747                           | TREATMENT PLANT              |                          |                                   |               |                            |                                  |                 |                         |

### Contact Information

| Name                     |  |           |                          | Organization      |              |                 | Job Title     |       |          |
|--------------------------|--|-----------|--------------------------|-------------------|--------------|-----------------|---------------|-------|----------|
| Mr. Louis Berkowitz      |  |           |                          | Duchess of Monroe |              |                 |               |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                   |              | City            |               | State | Zip Code |
| 134 Main Street          |  |           |                          |                   |              | Monroe          |               | CT    | 06468    |
| Business Phone           |  | Extension | Fax                      |                   | Mobile Phone | Emergency Phone | Email Address |       |          |
| 203-452-0197             |  |           |                          |                   |              |                 |               |       |          |

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 |
|----------------------------------|--------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0850064                        | 179 MAIN STREET - MONROE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                          | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
|                                  |                          |                     |             | 1              |            |            |                |

Towns Served: MONROE

### 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        |                          |                          |
|                                           | 1/1/26 - 12/31/26        |                          |                          |

Water System Facility: WELL (WSF ID: 21482)

| 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          | 6/5/2011        |                      |
| RESPOND TO SANITARY SURVEY          | 8/31/2016       |                      |
| RESPOND TO SANITARY SURVEY          | 12/5/2021       |                      |

### 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> |
| Total Coliform M&R Violation      | 4/1/13 - 6/30/13         | 2                  | 10/17/2013                 |                  | 10/27/2013              |                 |
| Total Coliform M&R Violation      | 7/1/13 - 9/30/13         | 2                  | 2/16/2014                  |                  | 2/26/2014               |                 |
| Physical Parameters M&R Violation | 4/1/13 - 6/30/13         | 3                  | 9/17/2014                  |                  | 9/27/2014               |                 |
| Physical Parameters M&R Violation | 7/1/13 - 9/30/13         | 3                  | 1/17/2015                  |                  | 1/27/2015               |                 |
| Total Coliform M&R Violation      | 1/1/15 - 3/31/15         | 2                  | 8/5/2015                   |                  | 8/15/2015               |                 |
| Total Coliform M&R Violation      | 4/1/15 - 6/30/15         | 2                  | 10/24/2015                 |                  | 11/3/2015               |                 |

**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 |
|----------------------------------|--------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0850064                        | 179 MAIN STREET - MONROE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                          | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
|                                  |                          |                     |             | 1              |            |            |                |

Towns Served: MONROE

### 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> |
| Physical Parameters M&R Violation | 4/1/15 - 6/30/15         | 3                  | 9/23/2016                  |                  | 10/3/2016               |                 |
| Physical Parameters M&R Violation | 10/1/23 - 12/31/23       | 3                  | 5/1/2025                   |                  | 5/11/2025               |                 |
| Total Coliform M&R Violation      | 10/1/23 - 12/31/23       | 3                  | 5/1/2025                   |                  | 5/11/2025               |                 |
| Total Coliform M&R Violation      | 7/1/23 - 9/30/23         | 3                  | 5/1/2025                   |                  | 5/11/2025               |                 |
| Physical Parameters M&R Violation | 7/1/23 - 9/30/23         | 3                  | 5/1/2025                   |                  | 5/11/2025               |                 |

### 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                          |                                  |                 |                         |
|                                 |                              | BP001                    | KIT HAND SNK FRONT                | A             | Y                          |                                  | Y               |                         |
|                                 |                              | BP002                    | KIT HAND SNK MIDDLE               | A             | Y                          |                                  | Y               |                         |
|                                 |                              | BP003                    | KIT HAND SNK BACK                 | A             | Y                          |                                  | Y               |                         |
|                                 |                              | BP004                    | KIT SNK SINGLE                    | A             | Y                          |                                  | Y               |                         |
|                                 |                              | BP005                    | KIT SNK TRPL SNK                  | A             | Y                          |                                  | Y               |                         |
|                                 |                              | BP006                    | RR MENS RR                        | A             | Y                          |                                  | Y               |                         |
|                                 |                              | BP007                    | RR LADY ROOM                      | A             | Y                          |                                  | Y               |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | KSHS                     | KIT HAND SNK                      | A             | Y                          |                                  | Y               |                         |
|                                 |                              | RR                       | RR GENERIC RR                     | A             | Y                          |                                  | Y               |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 21482                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

|                                                |           |              |                          |                    |               |           |       |          |
|------------------------------------------------|-----------|--------------|--------------------------|--------------------|---------------|-----------|-------|----------|
| Name                                           |           |              |                          | Organization       |               | Job Title |       |          |
| Mr. Charles T. Rega                            |           |              |                          |                    |               |           |       |          |
| Mailing Address Line One                       |           |              | Mailing Address Line Two |                    |               | City      | State | Zip Code |
| 179 Main Street                                |           |              |                          |                    |               | Monroe    | CT    | 06468    |
| Business Phone                                 | Extension | Fax          | Mobile Phone             | Emergency Phone    | Email Address |           |       |          |
| 203-261-8499                                   |           | 203-268-2114 |                          |                    |               |           |       |          |
| Contact Role(s): <b>Administrative Contact</b> |           |              |                          |                    |               |           |       |          |
| Name                                           |           |              |                          | Organization       |               | Job Title |       |          |
| Ms. Rega L. Sage                               |           |              |                          | Dba Out Front Farm |               | Co-Owner  |       |          |
| Mailing Address Line One                       |           |              | Mailing Address Line Two |                    |               | City      | State | Zip Code |
| D/B/A Out Front Farm                           |           |              | 179 Main Street          |                    |               | Monroe    | CT    | 06468    |
| Business Phone                                 | Extension | Fax          | Mobile Phone             | Emergency Phone    | Email Address |           |       |          |
| 203-261-8499                                   |           |              |                          |                    |               |           |       |          |
| Contact Role(s): <b>Legal Contact, Owner</b>   |           |              |                          |                    |               |           |       |          |

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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>CT0850064</b>                 | <b>179 MAIN STREET - MONROE</b> | <b>NC</b>                | <b>25</b>    | <b>P</b>        | <b>GW</b>      |
| Local Address (where applicable) |                                 | Service Connections      | Residential  | Commercial      | Industrial     |
|                                  |                                 |                          | <b>1</b>     |                 |                |
| Towns Served: MONROE             |                                 |                          |              |                 |                |
| Name                             |                                 | Organization             |              | Job Title       |                |
| <b>Ms. Gena R. Newman</b>        |                                 |                          |              | Co-Owner        |                |
| Mailing Address Line One         |                                 | Mailing Address Line Two |              | City            | State          |
| D/B/A Out Front Farm             |                                 | 179 Main Street          |              | Monroe          | CT             |
| Business Phone                   | Extension                       | Fax                      | Mobile Phone | Emergency Phone | Email Address  |
|                                  |                                 |                          |              |                 |                |
| Contact Role(s): <b>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 |              |
|----------------------------------|--------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850084                        | LAKE ZOAR DRIVE IN |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                    |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 215 ROOSEVELT DR                 |                    |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                    |  |                     |                |            |            |                |              |

### 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 (WSF ID: 21484)**

| 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      |                     |                           |          |                  |
|                          |                       | LZD001            | TRIPLE SINK                | A      | Y                   |                           | Y        |                  |
|                          |                       | LZD002            | HAND SINK BACK             | A      | Y                   |                           | Y        |                  |
|                          |                       | LZD003            | HAND SINK FRONT            | A      | Y                   |                           | Y        |                  |
|                          |                       | LZD004            | RR GENERIC RR              | A      | Y                   |                           | Y        |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21484                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 61122                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

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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 |              |
|----------------------------------|--------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850084                        | LAKE ZOAR DRIVE IN |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                    |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 215 ROOSEVELT DR                 |                    |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                    |  |                     |                |            |            |                |              |

### Contact Information

| Name                     |           |     |                          | Organization       |                     |           | Job Title |       |          |
|--------------------------|-----------|-----|--------------------------|--------------------|---------------------|-----------|-----------|-------|----------|
| Mr. Robert P. Defeo      |           |     |                          | Lake Zoar Drive-In |                     |           | Manager   |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                    |                     | City      |           | State | Zip Code |
| PO Box 76                |           |     |                          |                    |                     | Stevenson |           | CT    | 06491    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone    | Email Address       |           |           |       |          |
|                          |           |     | 203-535-6418             |                    | Zoarbeach@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 |              |
|----------------------------------|---------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850094                        | MONROE AMOCO (G & M AUTO) |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                           |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 172, 176, 178 MAIN STREET        |                           |  |                     |                | 1          |            |                |              |

Towns Served: MONROE

### 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 | 8/23/25 - 8/28/25        |                          | 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        |                          |                          |
|                                           | 1/1/25 - 12/31/25        |                          | Complete                 |
|                                           | 1/1/26 - 12/31/26        |                          |                          |

Water System Facility: WELL (WSF ID: 21485)

**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 |              |
|----------------------------------|---------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850094                        | MONROE AMOCO (G & M AUTO) |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                           |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 172, 176, 178 MAIN STREET        |                           |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                           |  |                     |                |            |            |                |              |

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 21485)

| E. Coli (3014)                     |                    | 1 triggered (TG) per period |                   |
|------------------------------------|--------------------|-----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period           | Compliance Status |
| WELL (2)                           | 8/22/25 - 8/28/25  |                             | 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   |                             |                   |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2020 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2024 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 |               |

### Public Notification Requirements

| Violation/Situation               | Compliance Period | Notice Tier | Public Notification |           | PN Certification |          |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
|                                   |                   |             | Required            | Performed | Due to DPH       | Received |
| E. Coli M&R Violation             | 9/1/24 - 9/30/24  | 3           | 11/12/2025          |           | 11/22/2025       |          |
| Nitrate And Nitrite M&R Violation | 1/1/24 - 12/31/24 | 3           | 2/11/2026           |           | 2/21/2026        |          |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | MA001             | HAND SINK #1               | A      | Y                   |                           | Y        |                  |
|                          |                       | MA002             | TRIPLE SINK                | A      | Y                   |                           | Y        |                  |
|                          |                       | MA003             | SLOP SINK                  | A      | Y                   |                           | Y        |                  |
|                          |                       | MA004             | RR GENERIC RR              | A      | Y                   |                           | Y        |                  |
|                          |                       | MA005             | HAND SINK #2               | A      |                     |                           | Y        |                  |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                  |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850094                        | MONROE AMOCO (G & M AUTO) |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                           |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 172, 176, 178 MAIN STREET        |                           |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                           |  |                     |                |            |            |                |              |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21485                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

| Name                     |  |           |                          | Organization        |              | Job Title       |                              |       |          |
|--------------------------|--|-----------|--------------------------|---------------------|--------------|-----------------|------------------------------|-------|----------|
| Mr. Soubhi Toma          |  |           |                          | Monroe Highmart LLC |              | Owner           |                              |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                     |              | City            |                              | State | Zip Code |
| 172 Main St              |  |           |                          |                     |              | Monroe          |                              | CT    | 06468    |
| Business Phone           |  | Extension | Fax                      |                     | Mobile Phone | Emergency Phone | Email Address                |       |          |
| 203-115-2916             |  |           | 203-445-2916             |                     |              | 203-500-9299    | mobilhighmart172@outlook.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 |              |
|----------------------------------|------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850104                        | CRESCENT VILLAGE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 115 MAIN STREET                  |                  |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                  |  |                     |                |            |            |                |              |

### 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 |                         |                   |  |

### Public Notification Requirements

| Violation/Situation          | Compliance Period  | Notice Tier | Public Notification |           | PN Certification |          |
|------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
|                              |                    |             | Required            | Performed | Due to DPH       | Received |
| Total Coliform MCL Violation | 10/1/15 - 12/31/15 | 2           | 1/10/2016           |           | 1/20/2016        |          |
| Total Coliform MCL Violation | 12/1/15 - 12/31/15 | 2           | 1/14/2016           |           | 1/24/2016        |          |

### 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                   |                           |          |                  |
|                          |                       | CV001             | UNIT 1 A FIRST FLOOR       | A      | Y                   |                           | Y        |                  |
|                          |                       | CV002             | UNIT 1 B FIRST FLOOR       | A      | Y                   |                           | Y        |                  |
|                          |                       | CV003             | UNIT 2 FIRST FLOOR         | A      | Y                   |                           | Y        |                  |
|                          |                       | CV004             | UNIT 5 FIRST FLOOR         | A      | Y                   |                           | Y        |                  |
|                          |                       | CV005             | UNIT 7 A FIRST FLOOR       | A      | Y                   |                           | Y        |                  |
|                          |                       | CV006             | UNIT 8 FITST FLOOR         | A      | Y                   |                           | Y        |                  |
|                          |                       | CV007             | UNIT 9 FIRST FLOOR         | A      | Y                   |                           | Y        |                  |
|                          |                       | CV008             | UNIT 3 SECOND FLOOR        | A      | Y                   |                           | Y        |                  |
|                          |                       | CV009             | UNIT 4A SECOND FLOOR       | A      | Y                   |                           | Y        |                  |
|                          |                       | CV010             | UNIT 4 SECOND FLOOR        | A      | Y                   |                           | Y        |                  |
|                          |                       | CV011             | UNIT 6 SECOND FLOOR        | A      | Y                   |                           | Y        |                  |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name         |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850104                        | CRESCENT VILLAGE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 115 MAIN STREET                  |                  |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                  |  |                     |                |            |            |                |              |

### 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                       | CV012             | UNIT 7B SECOND FLOOR       | A      | Y                   |                           | Y        |                  |
|                          |                       | CV013             | UNIT 10 SECOND FLOOR       | A      | Y                   |                           | Y        |                  |
|                          |                       | CV014             | UNIT 11 SECOND FLOOR       | A      | Y                   |                           | Y        |                  |
|                          |                       | CV015             | UNIT 12 SECOND FLOOR       | A      | Y                   |                           | Y        |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21486                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 61987                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

| Name                     |  |           |                          | Organization     |              | Job Title       |               |       |          |
|--------------------------|--|-----------|--------------------------|------------------|--------------|-----------------|---------------|-------|----------|
| Mr. John Kalas           |  |           |                          | Tide Water Group |              | Property Owner  |               |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                  |              | City            |               | State | Zip Code |
| 115 Main Street          |  |           |                          |                  |              | Monroe          |               | CT    | 06468    |
| Business Phone           |  | Extension | Fax                      |                  | Mobile Phone | Emergency Phone | Email Address |       |          |
| 203-459-2500             |  |           | 203-459-9778             |                  |              | 203-459-2500    |               |       |          |

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 |              |
|----------------------------------|--------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850154                        | AMERICAN PIE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |              |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 150 MAIN STREET                  |              |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |              |  |                     |                |            |            |                |              |

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

| Nitrite (1041)                     |                   | 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: 21491)**

| 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   |                            |                   |  |
|                                    | 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                   |                           |          |                  |
|                          |                       | AP001             | SINGLE SINK                | A      | Y                   |                           | Y        |                  |
|                          |                       | AP002             | HAND SINK                  | A      | Y                   |                           | Y        |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | 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 |              |
|----------------------------------|--------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850154                        | AMERICAN PIE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |              |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 150 MAIN STREET                  |              |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |              |  |                     |                |            |            |                |              |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21491                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 55126                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |  |           |                          |                    |              |  |                 |                     |       |          |
|--------------------------|--|-----------|--------------------------|--------------------|--------------|--|-----------------|---------------------|-------|----------|
| Name                     |  |           |                          | Organization       |              |  |                 | Job Title           |       |          |
| Mr. David Chuckta        |  |           |                          | Chucks' Corner LLC |              |  |                 | Owner/Member        |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                    |              |  | City            |                     | State | Zip Code |
| PO Box 393               |  |           |                          |                    |              |  | Seymour         |                     | CT    | 06483    |
| Business Phone           |  | Extension | Fax                      |                    | Mobile Phone |  | Emergency Phone | Email Address       |       |          |
| 203-915-3005             |  |           |                          |                    |              |  |                 | dafill145@yahoo.com |       |          |

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

|                          |  |           |                          |              |  |                 |                    |                  |       |          |  |
|--------------------------|--|-----------|--------------------------|--------------|--|-----------------|--------------------|------------------|-------|----------|--|
| Name                     |  |           |                          | Organization |  |                 |                    | Job Title        |       |          |  |
| Mr. Leo Zeko             |  |           |                          | American Pie |  |                 |                    | Restaurant Owner |       |          |  |
| Mailing Address Line One |  |           | Mailing Address Line Two |              |  |                 | City               |                  | State | Zip Code |  |
| 150 Main Street          |  |           |                          |              |  |                 | Monroe             |                  | CT    | 06468    |  |
| Business Phone           |  | Extension | Fax                      | Mobile Phone |  | Emergency Phone | Email Address      |                  |       |          |  |
| 203-268-0200             |  |           |                          |              |  | 203-339-2822    | leozeko1@yahoo.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 |              |
|----------------------------------|------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850174                        | MONROE FOOD MART |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 145 MAIN STREET                  |                  |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                  |  |                     |                |            |            |                |              |

### 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         |                            | Complete                 |
|                                                 | 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         |                            | 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  |                          |
|-------------------------------------------|--------------------------|--------------------------|--------------------------|
| <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: 48654)**

| 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         |                            | 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      |                     |                           |          |                  |
|                          |                       | MFM001            | KIT SNK TRPL SNK           | A      | Y                   |                           | Y        |                  |
|                          |                       | MFM002            | KIT HAND SNK BACK          | A      | Y                   |                           | Y        |                  |
|                          |                       | MFM003            | KIT HAND SNK FRONT R       | A      | Y                   |                           | Y        |                  |
|                          |                       | MFM004            | RR GENERIC RR              | A      | Y                   |                           | Y        |                  |
|                          |                       | MFM005            | MOP SINK                   | A      | Y                   |                           |          |                  |
|                          |                       | MFM006            | KIT HAND SNK FRONT L       | A      | Y                   |                           |          |                  |
| 00700                    | ENTRY POINT           | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | 3                 | ENTRY POINT                | 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 |              |
|----------------------------------|------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0850174                        | MONROE FOOD MART |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 145 MAIN STREET                  |                  |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                  |  |                     |                |            |            |                |              |

### 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 48654                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 63171                    | UV TREATMENT          |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |  |           |                          |                                |              |                 |                         |       |          |
|--------------------------|--|-----------|--------------------------|--------------------------------|--------------|-----------------|-------------------------|-------|----------|
| Name                     |  |           |                          | Organization                   |              |                 | Job Title               |       |          |
| Mr. Joseph McCormick     |  |           |                          | Chestnut Petroleum Distributor |              |                 | Ehs Director            |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                                |              | City            |                         | State | Zip Code |
| 536 Main Street          |  |           |                          |                                |              | New Paltz       |                         | NY    | 12561    |
| Business Phone           |  | Extension | Fax                      |                                | Mobile Phone | Emergency Phone | Email Address           |       |          |
| 845-256-0162             |  |           |                          |                                |              | 845-256-5020    | jmccormick@cpdgroup.com |       |          |

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

|                          |           |     |                          |                      |                             |        |                |       |          |
|--------------------------|-----------|-----|--------------------------|----------------------|-----------------------------|--------|----------------|-------|----------|
| Name                     |           |     |                          | Organization         |                             |        | Job Title      |       |          |
| Mr. Rajiv Mehta          |           |     |                          | Rs Monroe Realty LLC |                             |        | Property Owner |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                      |                             | City   |                | State | Zip Code |
| 16 Arbor Lane            |           |     |                          |                      |                             | Mahwah |                | NJ    | 07430    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone      | Email Address               |        |                |       |          |
| 973-332-8762             |           |     |                          |                      | rajivmehta2015.rm@gmail.com |        |                |       |          |

Contact Role(s): **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 |
| CT0859054                        | DUNKIN DONUTS       | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 135 MAIN STREET                  |                     |                | 1          |            |                |
| Towns Served: MONROE             |                     |                |            |            |                |

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               | A      | Y                   |                           |          |                  |
|                          |                       | DD001             | TRIPLE SINK                | A      | Y                   |                           | Y        |                  |
|                          |                       | DD002             | RR MENS RR                 | A      | Y                   |                           | Y        |                  |
|                          |                       | DD003             | RR LADY ROOM               | A      | Y                   |                           | Y        |                  |
|                          |                       | DD004             | HAND SINK #1               | A      | Y                   |                           | Y        |                  |
|                          |                       | DD005             | HAND SINK #2               | A      | Y                   |                           | Y        |                  |
|                          |                       | DD006             | HAND SINK #3               | A      | Y                   |                           | Y        |                  |
|                          |                       | DD007             | HAND SINK #4               | A      | Y                   |                           | Y        |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 48861                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 55415                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

Contact Information

|                          |                          |                 |       |          |
|--------------------------|--------------------------|-----------------|-------|----------|
| Name                     | Organization             | Job Title       |       |          |
| Mr. Setu Kalariya        | Monroe Coffee, LLC       | General Manager |       |          |
| Mailing Address Line One | Mailing Address Line Two | City            | State | Zip Code |
| 135 Main St              |                          | Monroe          | CT    | 06468    |

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>CT0859054</b>                                                     | <b>DUNKIN DONUTS</b> | <b>NC</b>           | <b>25</b>    | <b>P</b>        | <b>GW</b>               |
| Local Address (where applicable)                                     |                      | Service Connections | Residential  | Commercial      | Industrial              |
| 135 MAIN STREET                                                      |                      |                     |              | <b>1</b>        |                         |
| Towns Served: MONROE                                                 |                      |                     |              |                 |                         |
| 135 Main St., Monroe, CT 06108                                       |                      |                     |              |                 |                         |
| Business Phone                                                       | Extension            | Fax                 | Mobile Phone | Emergency Phone | Email Address           |
| 865-242-5837                                                         |                      |                     |              | 973-332-8762    | setu.kalariya@gmail.com |
| Contact Role(s): <b>Administrative Contact, 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 |              |
| CT0859053                        | THE WATERVIEW |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |               |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 215 ROOSEVELT AVENUE             |               |  | Connections |                | 1          |            |                |              |
| Towns Served: MONROE             |               |  |             |                |            |            |                |              |

### 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 |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 |               |

### 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               | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 48889                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |
| 48891                    | WELL 2                | 2                 | WELL 2                     | A      |                     |                           |          |                  |
| 52078                    | ATMOSPHERIC STORAGE   |                   |                            |        |                     |                           |          |                  |
| 62287                    | TREATMENT FACILITY    |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |  |           |                          |                          |              |            |                    |               |          |
|--------------------------|--|-----------|--------------------------|--------------------------|--------------|------------|--------------------|---------------|----------|
| Name                     |  |           |                          | Organization             |              |            | Job Title          |               |          |
| Mr. Bryan Gilmour        |  |           |                          | Fairfield Catering Group |              |            | Purchasing Manager |               |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                          |              | City       |                    | State         | Zip Code |
| 506 Candlewood Lake Road |  |           |                          |                          |              | Brookfield |                    | CT            | 06804    |
| Business Phone           |  | Extension | Fax                      |                          | Mobile Phone |            | Emergency Phone    | Email Address |          |

**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 |              |
| CT0859053                        | THE WATERVIEW                         |  |              |                          | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                       |  |              | Service Connections      | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 215 ROOSEVELT AVENUE             |                                       |  |              |                          |                | 1          |            |                |              |
| Towns Served: MONROE             |                                       |  |              |                          |                |            |            |                |              |
|                                  |                                       |  | 203-984-5087 | bg@fairfieldcaterers.com |                |            |            |                |              |
| Contact Role(s):                 | Administrative Contact, Legal Contact |  |              |                          |                |            |            |                |              |

**Please note the following:**

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

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

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859064                        | ROUTE 34 PLAZA - MONROE |  |                     | NC             | 49         | P          | GW             |              |
| Local Address (where applicable) |                         |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 230 ROOSEVELT DRIVE              |                         |  |                     |                | 6          |            |                |              |
| Towns Served: MONROE             |                         |  |                     |                |            |            |                |              |

### 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: WELL #1 (WSF ID: 54538)

| E. Coli (3014)                     |                    | 1 routine (RT) per quarter |                   |
|------------------------------------|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period          | Compliance Status |
| WELL #1 (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   |                            |                   |

### Public Notification Requirements

| Violation/Situation          | Compliance Period  | Notice Tier | Public Notification |           | PN Certification |          |
|------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
|                              |                    |             | Required            | Performed | Due to DPH       | Received |
| Total Coliform MCL Violation | 10/1/14 - 12/31/14 | 2           | 11/30/2014          |           | 12/10/2014       |          |
| Total Coliform MCL Violation | 12/1/14 - 12/31/14 | 2           | 3/1/2015            |           | 3/11/2015        |          |
| Total Coliform MCL Violation | 1/1/15 - 1/31/15   | 2           | 3/7/2015            |           | 3/17/2015        |          |
| Total Coliform MCL Violation | 2/1/15 - 2/28/15   | 2           | 4/9/2015            |           | 4/19/2015        |          |
| Total Coliform MCL Violation | 3/1/15 - 3/31/15   | 2           | 6/3/2015            |           | 6/13/2015        |          |

### 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               | A      |                     |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | 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 |              |
|----------------------------------|-------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859064                        | ROUTE 34 PLAZA - MONROE |  |                     | NC             | 49         | P          | GW             |              |
| Local Address (where applicable) |                         |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 230 ROOSEVELT DRIVE              |                         |  |                     |                | 6          |            |                |              |
| Towns Served: MONROE             |                         |  |                     |                |            |            |                |              |

### 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                       | RT34P001          | DUNKIN HS 1                | A      | Y                   |                           |          |                  |
|                          |                       | RT34P002          | DUNKIN HS 2                | A      | Y                   |                           |          |                  |
|                          |                       | RT34P003          | DUNKIN HS 3                | A      | Y                   |                           |          |                  |
|                          |                       | RT34P004          | POST OFFIC UNISEX BR       | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 54538                    | WELL #1               | 2                 | WELL #1                    | A      |                     |                           |          |                  |
| 61178                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

| Name                     |  |           |                          | Organization      |              | Job Title       |                         |       |          |
|--------------------------|--|-----------|--------------------------|-------------------|--------------|-----------------|-------------------------|-------|----------|
| Mr. Emanuel Pinheiro     |  |           |                          | Fifth Realty, LLC |              | Owner           |                         |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                   |              | City            |                         | State | Zip Code |
| 400 Washington Street    |  |           |                          |                   |              | Westwood        |                         | MA    | 02090    |
| Business Phone           |  | Extension | Fax                      |                   | Mobile Phone | Emergency Phone | Email Address           |       |          |
| 203-993-4420             |  |           |                          |                   | 781-718-4971 |                 | mannypinheiro@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 |              |
|----------------------------------|-----------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859074                        | 588 MONROE TNPk |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                 |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 588 MONROE TURNPIKE              |                 |  |                     |                |            |            | 1              |              |
| Towns Served: MONROE             |                 |  |                     |                |            |            |                |              |

### 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 |                         |                   |

### Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification |           | PN Certification |          |
|---------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
|                     |                   |             | Required            | Performed | Due to DPH       | Received |
| E. Coli             | 7/10/19 - 9/27/19 | 3           | 8/12/2020           |           | 8/22/2020        |          |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|---------------------|---------------------------|----------|------------------|
| 00501                    | WELL 1                | 2                 | WELL 1                     | A                   |                           |          |                  |
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                   | Y                         |          |                  |
|                          |                       | DDH001            | NAIL SALON                 | A                   | Y                         | Y        |                  |
|                          |                       | DDH002            | RR FRONT                   | A                   | Y                         | Y        |                  |
|                          |                       | DDH003            | HAND SINK FRONT            | A                   | Y                         | Y        |                  |
|                          |                       | DDH004            | MASSAGE ROOM               | A                   | Y                         | Y        |                  |
|                          |                       | DDH005            | FACIAL ROOM                | A                   | Y                         | Y        |                  |
|                          |                       | DDH006            | WAX ROOM NO 1              | A                   | Y                         | Y        |                  |
|                          |                       | DDH007            | WAX ROOM NO 2              | A                   | Y                         | Y        |                  |
|                          |                       | DDH008            | RR BACK                    | A                   | Y                         | Y        |                  |
|                          |                       | DDH009            | RR 1ST FL VIDEO PROD       | A                   | Y                         | Y        |                  |
|                          |                       | DDH010            | RR 2ND FLOOR               | A                   | Y                         | Y        |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | 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 |              |
|----------------------------------|----------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859074                        | 588 MONROE TNP |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 588 MONROE TURNPIKE              |                |  |                     |                |            |            | 1              |              |
| Towns Served: MONROE             |                |  |                     |                |            |            |                |              |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |

### Contact Information

| Name                     |  |           |                          | Organization                  |              | Job Title       |                             |       |          |
|--------------------------|--|-----------|--------------------------|-------------------------------|--------------|-----------------|-----------------------------|-------|----------|
| Mr. Gaetano Marra, Jr.   |  |           |                          | Marracorp Commercial Holdings |              | Member          |                             |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                               |              | City            |                             | State | Zip Code |
| 588 Monroe Turnpike      |  |           |                          |                               |              | Monroe          |                             | CT    | 06468    |
| Business Phone           |  | Extension | Fax                      |                               | Mobile Phone | Emergency Phone | Email Address               |       |          |
| 203-693-1185             |  |           | 203-693-1146             |                               | 203-627-8726 |                 | gaetanomarrahomes@gmail.com |       |          |

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

**Please note the following:**

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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                              |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0859094                        | MONROE LITTLE LEAGUE BEARDSLEY FIELDS |                     |             | NC             | 25         | L          | GW             |
| Local Address (where applicable) |                                       | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 67 CROSS HILL ROAD               |                                       |                     |             | 1              |            |            |                |
| Towns Served: MONROE             |                                       |                     |             |                |            |            |                |

### 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       |                          |                          |
|                                                 | 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 | 4/11/25 - 4/16/25        |                          | 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       |                          |                          |
|                                                 | 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: 58261)

| E. Coli (3014)                            |                          | 1 triggered (TG) per period |                          |
|-------------------------------------------|--------------------------|-----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>    | <i>Compliance Status</i> |
| WELL (2)                                  | 4/10/25 - 4/16/25        |                             |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY          | 8/29/2018       |                      |
| RESPOND TO SANITARY SURVEY          | 5/4/2025        |                      |

### 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> |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 4/2/23 - 5/15/25         | 2                  | 11/12/2023                 |                  | 11/22/2023              |                 |

**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 |              |
|----------------------------------|---------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859094                        | MONROE LITTLE LEAGUE BEARDSLEY FIELDS |  |                     | NC             | 25         | L          | GW             |              |
| Local Address (where applicable) |                                       |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 67 CROSS HILL ROAD               |                                       |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                                       |  |                     |                |            |            |                |              |

### Public Notification Requirements

| Violation/Situation                             | Compliance Period | Notice Tier | Public Notification |           | PN Certification |          |
|-------------------------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
|                                                 |                   |             | Required            | Performed | Due to DPH       | Received |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 4/2/24 - 5/15/25  | 2           | 9/5/2024            |           | 9/15/2024        |          |
| E. Coli M&R Violation                           | 4/17/25 -         | 3           | 10/1/2026           |           | 10/11/2026       |          |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      |                     |                           |          |                  |
|                          |                       | BF001             | CONCESSION STAND           | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 58261                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|                                                |  |           |     |                          |                         |  |                 |                                  |  |       |          |
|------------------------------------------------|--|-----------|-----|--------------------------|-------------------------|--|-----------------|----------------------------------|--|-------|----------|
| Name                                           |  |           |     |                          | Organization            |  |                 | Job Title                        |  |       |          |
| Little League Baseball of Monroe, Inc          |  |           |     |                          |                         |  |                 |                                  |  |       |          |
| Mailing Address Line One                       |  |           |     | Mailing Address Line Two |                         |  |                 | City                             |  | State | Zip Code |
| PO Box 339                                     |  |           |     |                          |                         |  |                 | Monroe                           |  | CT    | 06468    |
| Business Phone                                 |  | Extension | Fax |                          | Mobile Phone            |  | Emergency Phone | Email Address                    |  |       |          |
|                                                |  |           |     |                          |                         |  |                 |                                  |  |       |          |
| Contact Role(s): <b>Owner</b>                  |  |           |     |                          |                         |  |                 |                                  |  |       |          |
| Name                                           |  |           |     |                          | Organization            |  |                 | Job Title                        |  |       |          |
| Mr. Ryan Driscoll                              |  |           |     |                          | Little League Beardsley |  |                 | Past President                   |  |       |          |
| Mailing Address Line One                       |  |           |     | Mailing Address Line Two |                         |  |                 | City                             |  | State | Zip Code |
| PO Box 339                                     |  |           |     |                          |                         |  |                 | Monroe                           |  | CT    | 06468    |
| Business Phone                                 |  | Extension | Fax |                          | Mobile Phone            |  | Emergency Phone | Email Address                    |  |       |          |
|                                                |  |           |     |                          | 203-858-0471            |  |                 | rdriscoll@monroelittleleague.org |  |       |          |
| Contact Role(s): <b>Administrative Contact</b> |  |           |     |                          |                         |  |                 |                                  |  |       |          |
| Name                                           |  |           |     |                          | Organization            |  |                 | Job Title                        |  |       |          |
| Mr. Jonathan Derosa                            |  |           |     |                          | Monroe Little League    |  |                 | President                        |  |       |          |
| Mailing Address Line One                       |  |           |     | Mailing Address Line Two |                         |  |                 | City                             |  | State | Zip Code |
| PO Box 339                                     |  |           |     |                          |                         |  |                 | Monroe                           |  | CT    | 06468    |
| Business Phone                                 |  | Extension | Fax |                          | Mobile Phone            |  | Emergency Phone | Email Address                    |  |       |          |
| 781-910-0623                                   |  |           |     |                          |                         |  |                 | jderosa@monroelittleleague.org   |  |       |          |
| Contact Role(s): <b>Legal Contact</b>          |  |           |     |                          |                         |  |                 |                                  |  |       |          |

**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 |              |
|----------------------------------|---------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859094                        | MONROE LITTLE LEAGUE BEARDSLEY FIELDS |  |                     | NC             | 25         | L          | GW             |              |
| Local Address (where applicable) |                                       |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 67 CROSS HILL ROAD               |                                       |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                                       |  |                     |                |            |            |                |              |

**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 |
| CT0859104                        | 241 ROOSEVELT DRIVE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                     | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
|                                  |                     |                     |             |                |            | 1          |                |

Towns Served: MONROE

### 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         |                          |                          |

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

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT      | 3/1/2026        |                      |

**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 |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859104                        | 241 ROOSEVELT DRIVE |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
|                                  |                     |  |                     |                |            | 1          |                |              |

Towns Served: MONROE

### 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      |                     |                           |          |                  |
|                          |                       | HP005             | HANDSINK 1                 | A      | Y                   |                           |          |                  |
|                          |                       | HP007             | COFFEE PREP                | A      | Y                   |                           |          |                  |
|                          |                       | HP009             | 3 BAY SINK                 | A      | Y                   |                           |          |                  |
|                          |                       | HP010             | MENS ROOM                  | A      | Y                   |                           |          |                  |
|                          |                       | HP012             | LADIES ROOM                | A      | Y                   |                           |          |                  |
|                          |                       | HP014             | HANDSKIN 2                 | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 58501                    | WELL 2                | 2                 | WELL 2                     | A      |                     |                           |          |                  |

### Contact Information

|                          |           |                          |              |                 |                     |
|--------------------------|-----------|--------------------------|--------------|-----------------|---------------------|
| Name                     |           | Organization             |              | Job Title       |                     |
| <b>Mr. Arthur Weeden</b> |           | Pmg                      |              | Manager         |                     |
| Mailing Address Line One |           | Mailing Address Line Two |              | City            | State Zip Code      |
| 2900 Telestar Ct         |           |                          |              | Falls Church    | VA 22042            |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address       |
| 508-725-6024             |           |                          |              |                 | aweeden@petromg.com |

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

#### Please note the following:

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

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

**<http://www.ct.gov/dph/publicdrinkingwater>**

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859114                        | 500 PURDY HILL ROAD |  |                     | NC             | 35         | L          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
|                                  |                     |  |                     |                |            |            | 1              |              |

Towns Served: MONROE

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

| Nitrite (1041)                     |                   | 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: 60098)

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

### 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      |                     |                           |          |                  |
|                          |                       | PH001             | BUILD 1 DENT LAB SNK       | A      | Y                   |                           | Y        |                  |
|                          |                       | PH002             | BUILD 1 DENT RR1           | A      | Y                   |                           | Y        |                  |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                     |  |                     |                |            |            |                |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| PWS ID                           | PWS Name            |  |                     | Classification | Population | Owner Type | Primary Source |              |
| CT0859114                        | 500 PURDY HILL ROAD |  |                     | NC             | 35         | L          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
|                                  |                     |  |                     |                |            |            | 1              |              |

Towns Served: MONROE

### 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                       | PH003             | BUILD 1 DENT RR2           | A      | Y                   |                           | Y        |                  |
|                          |                       | PH004             | BUILD 1 DENT RR3           | A      | Y                   |                           | Y        |                  |
|                          |                       | PH005             | BUILD 1 INS RR1            | A      | Y                   |                           | Y        |                  |
|                          |                       | PH006             | BUILD 1 INS RR2            | A      | Y                   |                           | Y        |                  |
|                          |                       | PH007             | BUILD1 CMS 2ND FL RR       | A      | Y                   |                           | Y        |                  |
|                          |                       | PH008             | BUILD1 3RD FL STO RR       | A      | Y                   |                           | Y        |                  |
|                          |                       | PH009             | BUILD2 ENGINEERG RR1       | A      | Y                   |                           | Y        |                  |
|                          |                       | PH010             | BUILD2 ENGINEERG RR2       | A      | Y                   |                           | Y        |                  |
|                          |                       | PH011             | BUILD2 CHIRO RR1           | A      | Y                   |                           | Y        |                  |
|                          |                       | PH012             | BUILD2 CHIRO RR2           | A      | Y                   |                           | Y        |                  |
|                          |                       | PH013             | B2 ENGIN KITCHEN           | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 60098                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |
| 60413                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                                          |           |              |                          |                              |                        |        |                  |       |          |
|------------------------------------------|-----------|--------------|--------------------------|------------------------------|------------------------|--------|------------------|-------|----------|
| Name                                     |           |              |                          | Organization                 |                        |        | Job Title        |       |          |
| Mr. Thomas Diblasi                       |           |              |                          | Charberry Square Condo Assoc |                        |        | Property Manager |       |          |
| Mailing Address Line One                 |           |              | Mailing Address Line Two |                              |                        | City   |                  | State | Zip Code |
| 500 Purdy Hill Road, Suite 10            |           |              |                          |                              |                        | Monroe |                  | CT    | 06468    |
| Business Phone                           | Extension | Fax          | Mobile Phone             | Emergency Phone              | Email Address          |        |                  |       |          |
| 203-452-1331                             | 108       | 203-268-8103 |                          | 203-988-2523                 | TomD@DiBlasi-Engrs.com |        |                  |       |          |
| Contact Role(s): Administrative Contact  |           |              |                          |                              |                        |        |                  |       |          |
| Name                                     |           |              |                          | Organization                 |                        |        | Job Title        |       |          |
| Mr. Jon D. Chadys                        |           |              |                          | Chararry Square Condo Assoc  |                        |        | President        |       |          |
| Mailing Address Line One                 |           |              | Mailing Address Line Two |                              |                        | City   |                  | State | Zip Code |
| 500 Purdy Hill Rd.                       |           |              | Unit #3                  |                              |                        | Monroe |                  | CT    | 06468    |
| Business Phone                           | Extension | Fax          | Mobile Phone             | Emergency Phone              | Email Address          |        |                  |       |          |
| 203-452-0239                             |           |              |                          |                              | jcdmd@sbcglobal.net    |        |                  |       |          |
| Contact Role(s): Legal Contact           |           |              |                          |                              |                        |        |                  |       |          |
| Name                                     |           |              |                          | Organization                 |                        |        | Job Title        |       |          |
| Charbarry Square Condominium Association |           |              |                          |                              |                        |        |                  |       |          |
| Mailing Address Line One                 |           |              | Mailing Address Line Two |                              |                        | City   |                  | State | Zip Code |
| 500 Purdy Hill Rd.                       |           |              | Unit #3                  |                              |                        | Monroe |                  | CT    | 06468    |
| Business Phone                           | Extension | Fax          | Mobile Phone             | Emergency Phone              | Email Address          |        |                  |       |          |
| 203-452-0239                             |           |              |                          |                              | jcdmd@sbcglobal.net    |        |                  |       |          |
| Contact Role(s): 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 |
|----------------------------------|---------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0859114                        | 500 PURDY HILL ROAD |                     |             | NC             | 35         | L          | GW             |
| Local Address (where applicable) |                     | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
|                                  |                     |                     |             |                |            | 1          |                |

Towns Served: MONROE

**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 |              |
|----------------------------------|-------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859134                        | GREAT HOLLOW LAKE |  |                     | NC             | 35         | L          | GW             |              |
| Local Address (where applicable) |                   |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 454 PURDY HILL                   |                   |  |                     |                |            |            | 4              |              |
| Towns Served: MONROE             |                   |  |                     |                |            |            |                |              |

### 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 |                          |                   |
|                                                 | 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 |                          |                   |
|                                                 | 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 1 (WSF ID: 61004)**

| E. Coli (3014)                     |                    | 1 routine (RT) per month |                   |
|------------------------------------|--------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period        | Compliance Status |
| WELL 1 (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 |                          |                   |
|                                    | 4/1/26 - 4/30/26   |                          |                   |

### 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                   |                           |          |                  |

**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 |              |
|----------------------------------|-------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859134                        | GREAT HOLLOW LAKE |  |                     | NC             | 35         | L          | GW             |              |
| Local Address (where applicable) |                   |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 454 PURDY HILL                   |                   |  |                     |                |            |            | 4              |              |
| Towns Served: MONROE             |                   |  |                     |                |            |            |                |              |

### 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | GHL001            | LADIES ROM                 | A      | Y                   |                           |          |                  |
|                          |                       | GHL002            | SLOP SINK GARAGE           | A      | Y                   |                           |          |                  |
|                          |                       | GHL003            | HAND SINK                  | A      | Y                   |                           |          |                  |
|                          |                       | GHL004            | MENS RR                    | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 61004                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |
| 62957                    | TREATMENT PLANT - UV  |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |  |           |                          |                |              |        |                 |                             |          |
|--------------------------|--|-----------|--------------------------|----------------|--------------|--------|-----------------|-----------------------------|----------|
| Name                     |  |           |                          | Organization   |              |        | Job Title       |                             |          |
| Mr. Terrence Rooney      |  |           |                          | Town of Monroe |              |        | First Selectman |                             |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                |              | City   |                 | State                       | Zip Code |
| 7 Fan Hill Rd            |  |           |                          |                |              | Monroe |                 | CT                          | 06468    |
| Business Phone           |  | Extension | Fax                      |                | Mobile Phone |        | Emergency Phone | Email Address               |          |
| 203-452-1400             |  |           |                          |                |              |        |                 | Firstselectman@monroect.gov |          |

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

#### Please note the following:

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

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

**<http://www.ct.gov/dph/publicdrinkingwater>**

**End of schedule**



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                           |  |             |                |            |            |                |              |
|----------------------------------|---------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| PWS ID                           | PWS Name                  |  |             | Classification | Population | Owner Type | Primary Source |              |
| CT0859144                        | 1565 MONROE TURNPIKE, LLC |  |             | NC             | 45         | P          | GW             |              |
| Local Address (where applicable) |                           |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 1565 MONROE TURNPIKE             |                           |  | Connections |                | 1          |            |                |              |
| Towns Served: MONROE             |                           |  |             |                |            |            |                |              |

### 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                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      | Y                   |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 62819                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |
| 62824                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                                                        |  |           |                          |                            |              |                 |                   |       |          |
|--------------------------------------------------------|--|-----------|--------------------------|----------------------------|--------------|-----------------|-------------------|-------|----------|
| Name                                                   |  |           |                          | Organization               |              |                 | Job Title         |       |          |
| Mr. Anthony Galbo                                      |  |           |                          | 1565 Monroe Turnpike, LLC. |              |                 |                   |       |          |
| Mailing Address Line One                               |  |           | Mailing Address Line Two |                            |              | City            |                   | State | Zip Code |
| 193 Sturgess Road                                      |  |           |                          |                            |              | Fairfield       |                   | CT    | 06824    |
| Business Phone                                         |  | Extension | Fax                      |                            | Mobile Phone | Emergency Phone | Email Address     |       |          |
|                                                        |  |           |                          |                            |              |                 | amgalbo@gmail.com |       |          |
| Contact Role(s): Administrative Contact, Legal 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 |              |
|----------------------------------|---------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0859144                        | 1565 MONROE TURNPIKE, LLC |  |                     | NC             | 45         | P          | GW             |              |
| Local Address (where applicable) |                           |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 1565 MONROE TURNPIKE             |                           |  |                     |                | 1          |            |                |              |
| Towns Served: MONROE             |                           |  |                     |                |            |            |                |              |

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**End of schedule**