

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|-------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0861442 | LAUREL LOCK CAMPGROUND - STORE WELL | | | NC | 50 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 15 COTTAGE ROAD | | | | 34 | | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 - 7/31/25 | | Complete |
| | 10/1/25 - 12/31/25 | | |

Total Coliform (3100) **3 repeat (RP) per period**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 7/23/25 - 7/28/25 | | Complete |

Total Coliform (3100) **3 temporary routine (TR) 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 | 8/1/25 - 8/31/25 | | Complete |

Physical Parameters (PPS) **1 routine (RT) per quarter**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | |

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

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

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

Water System Facility: **STORE WELL (WSF ID: 20046)**

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> |
|---|--------------------------|--------------------------|--------------------------|
| STORE WELL (2) | 7/22/25 - 7/28/25 | | Complete |

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> |
|---|--------------------------|--------------------------|--------------------------|
| STORE WELL (2) | 4/1/25 - 6/30/25 | 5/1-6/30 | Complete |
| | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | 10/1-10/31 | |

Water System Facility and Sampling Point Inventory

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

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 | |
|----------------------------------|-------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0861442 | LAUREL LOCK CAMPGROUND - STORE WELL | | | NC | 50 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 15 COTTAGE ROAD | | | | 34 | | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 20046 | STORE WELL | 2 | STORE WELL | A | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|--------------|--------------------------|-----------------|---------------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Ms. Valerie B. Hornat | | | Laurel Lock Campground | | | Partner | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 15 Cottage Road | | | | | | Oakdale | CT | 06370 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-859-1424 | | 860-859-1424 | | 860-213-1159 | valhornat@gmail.com | | | |

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

| | | | | | | | | |
|----------------------------|-----------|--------------|--------------------------|-----------------|---------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. William And Mary Breda | | | Laurel Lock Campground | | | Owners | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 15 Cottage Road | | | | | | Oakdale | CT | 06370 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-859-1424 | | 860-859-1424 | | 860-859-2803 | | | | |

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|-----------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0868041 | ST. THOMAS MORE SCHOOL-FIELDHOUSE | | | NC | 260 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 45 COTTAGE ROAD | | | | 1 | | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | 3/1/2026 | |

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 | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 1904 | WELL #6 | 2 | WELL #6 | A | | | | |

Certified Operator Information

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

Facility Classification: DISTRIBUTION SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|---------------|-------------------|--|--------------------------|
| NIGRO, DAVID | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2028 |

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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 |
| CT0868041 | ST. THOMAS MORE SCHOOL-FIELDHOUSE | NC | 260 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 45 COTTAGE ROAD | | 1 | | | |
| Towns Served: MONTVILLE | | | | | |
| Contact Information | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Sean Hanrahan | | St Thomas More School | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 45 Cottage Road | | | | Oakdale | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-367-4799 | | 860-859-2989 | | 860-367-4799 | abarber@stmct.org |
| 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 | |
| CT0860024 | CAMP OAKDALE SMALL PAVILLION | | | NC | 25 | L | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| OXOBOXO DAM ROAD | | | Connections | 1 | | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | | |

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 | | |

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

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

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

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21497 | WELL | 2 | WELL | A | | | | |

Contact Information

| Name | | | | Organization | | | Job Title | | |
|--------------------------|--|-----------|--------------------------|------------------------|--------------|-----------------|------------------------------|-------|----------|
| Mr. John Carlson | | | | Montville Public Works | | | Public Works Direct | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 225 Maple Ave | | | | | | Uncasville | | CT | 06382 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-848-7473 | | | 860-848-7393 | | | | campoakdale@montville-ct.org | | |

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

Please note the following:

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

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End of schedule

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|-------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860034 | THE CHESTERFIELD FIRE COMPANY, INC. | | | NC | 26 | L | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1606 ROUTE 85 | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21498 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | |
|-------------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Chesterfield Fire Company Inc | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 1606 Rte 85 | | | | | | Oakdale | CT | 06370 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |

Contact Role(s): **Owner**

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | |
|---|--|-------------------------------|--------------|-----------------|-------------------------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
| CT0860034 | THE CHESTERFIELD FIRE COMPANY, INC. | NC | 26 | L | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 1606 ROUTE 85 | | | | 1 | |
| Towns Served: MONTVILLE | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Timothy S. Shanahan | | Chesterfield Fire Co | | President | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 1606 Rt. 85 | | | | Oakdale | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| | | | | | |
| Contact Role(s): Legal Contact | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Keith Truex | | Chesterfield Fire Company Inc | | Fire Chief | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 1606 Route 85 | | | | Oakdale | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-449-4083 | | | | | chief@chesterfieldfire-ct.org |
| Contact Role(s): Administrative Contact | | | | | |
| Please note the following: | | | | | |
| <ol style="list-style-type: none"> 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 | |
|----------------------------------|------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860084 | UNCASVILLE DINER | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 882 ROUTE 32 | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 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 | | | |
| | | DOWNSTEAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21502 | WELL | 2 | WELL | A | | | | |

Contact Information

| Name | | Organization | | Job Title | |
|----------------------------------|-----------|--------------------------|--------------|-----------------|---------------------|
| Mr. Edward Jr. Lusher | | Lusher LLC | | President | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State Zip Code |
| 884 Norwich- New London Turnpike | | | | Uncasville | CT 06382 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-460-1674 | | | | | ed@lusersystems.com |

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

| Name | | Organization | | Job Title | |
|-----------------------------|-----------|--------------------------|--------------|-----------------|----------------|
| Mr. Kerim Ayvaci | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State Zip Code |
| 884 Norwich London Turnpike | | | | Uncasville | CT 06382 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-848-7932 | | 860-848-4339 | 203-506-8439 | | |

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

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Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860084 | UNCASVILLE DINER | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 882 ROUTE 32 | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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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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 |
|----------------------------------|----------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0860164 | MONTVILLE AMERICAN LITTLE LEAGUE | | | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 570 OLD COLCHESTER ROAD | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | |

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 | | |
| | 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 | | |
| | 4/1/26 - 4/30/26 | | |

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

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

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|-----------|---------------|
| RESPOND TO SANITARY SURVEY | 11/3/2019 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21509 | WELL | 2 | WELL | A | | | | |

Contact Information

| Name | | Organization | Job Title | | |
|----------------------------|--------------------------|--------------|-----------|----------|--|
| American Little League Inc | | | | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code | |
| P. O. Box 199 | | Oakdale | CT | 06370 | |

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 |
|----------------------------------|----------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0860164 | MONTVILLE AMERICAN LITTLE LEAGUE | | | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 570 OLD COLCHESTER ROAD | | | | 1 | | | |

Towns Served: MONTVILLE

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|-----|--------------|-----------------|---------------|
| | | | | | |

Contact Role(s): **Owner**

| Name | Organization | Job Title |
|----------------------|--------------------------------|-----------|
| Mr. Tom Nowak | Montville American Little Leag | President |

| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
|--------------------------|--------------------------|---------|-------|----------|
| 100 Cottage Road | | Oakdale | CT | 06370 |

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|-----|--------------|-----------------|--------------------------------|
| 860-889-9835 | | | | | presidentmontvillell@gmail.com |

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

| Name | Organization | Job Title |
|---------------------------|--------------------------------|-------------------|
| Mr. Jay Lesniewski | Montville American Little Leag | Field Maintenance |

| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
|--------------------------|--------------------------|------------|-------|----------|
| 570 Old Colchester Road | | Colchester | CT | 06382 |

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|-----|--------------|-----------------|---------------------|
| 860-334-2939 | | | | | jay@fennadesign.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 | |
|----------------------------------|------------------------------|--|---------------------|----------------|------------|------------|----------|----------------|--|
| CT0860214 | OUR LADY OF THE LAKES CHURCH | | | NC | 25 | P | | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 752 ROUTE 82 | | | | | 1 | | | | |
| Towns Served: MONTVILLE | | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21514 | WELL | 2 | WELL | A | | | | |
| 56849 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | | | |
|----------------------------------|--|-----------|--------------------------|--------------|--------------|--|-----------------|-------------------------------|-------|----------|
| Name | | | | Organization | | | | Job Title | | |
| Our Lady of The Lake Church Corp | | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | | City | | State | Zip Code |
| 752 Route 82 | | | | | | | Oakdale | | CT | 06370 |
| Business Phone | | Extension | Fax | | Mobile Phone | | Emergency Phone | Email Address | | |
| 860-859-1575 | | | 860-859-3273 | | | | 860-326-9714 | parish.office@ctmetrocast.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 |
| CT0860214 | OUR LADY OF THE LAKES CHURCH | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 752 ROUTE 82 | | | 1 | | |
| Towns Served: MONTVILLE | | | | | |
| Name | | Organization | | Job Title | |
| Reverend Robert F. Buongiorno | | Our Lady of The Lake Church | | Reverend | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 752 Norwich-Salem Tpke | | | | Oakdale | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-859-1575 | | 860-859-3273 | | 860-326-9714 | OLL.Oakdale@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 | |
|----------------------------------|----------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860364 | CALVARY CHAPEL OF SE CT (CHURCH) | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 126 SHARPS HILL ROAD | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21526 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|--|--|-----------|--------------------------|------------------------|--------------|-----------------|-----------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Joe Paskewich | | | | Calvary Chapel of Sect | | | Lead Pastor | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 126 Sharp Hill Road | | | | | | Uncasville | | CT | 06382 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-848-7400 | | | 860-848-2899 | | | | chapelstaff@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 | |
|----------------------------------|----------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860364 | CALVARY CHAPEL OF SE CT (CHURCH) | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 126 SHARPS HILL ROAD | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | |
|----------------------------------|---|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860394 | MONTVILLE POLISH AMERICAN CITIZENS CLUB | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 85 MAPLE AVENUE | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Other Compliance Schedules

| | | |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| RESPOND TO SANITARY SURVEY | 1/15/2021 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21529 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|-------------------------------|--|-----------|--------------------------|--------------|--------------|-----------------|---------------|-------|------------|
| Name | | | | Organization | | | Job Title | | |
| American Polish Citizens Club | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| P. O. Box 104 | | | | | | Uncasville | | CT | 06382-0104 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| | | | | | | | | | |
| 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 |
| CT0860394 | MONTVILLE POLISH AMERICAN CITIZENS CLUB | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 85 MAPLE AVENUE | | | 1 | | |
| Towns Served: MONTVILLE | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Bill Radgowski | | Polish Club | | Vice President | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| PO Box 104 | | 85 Maple Ave | | Uncasville | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-848-7287 | | | 860-608-8583 | | bradgo@att.net |

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.

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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 | |
|----------------------------------|--------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860404 | CHESTERFIELD LODGE | | | NC | 26 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1596 ROUTE 85 | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21530 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|---|--|-----------|--------------------------|--------------------|--|-----------------|-------------------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Shashikant Patel | | | | Chesterfield Lodge | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 1596 Route 85 | | | | | | Oakdale | | CT | 06370 |
| Business Phone | | Extension | Fax | Mobile Phone | | Emergency Phone | Email Address | | |
| 860-442-0039 | | | | 860-857-9146 | | | shashikantpatel1360@gmail.com | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | | | |

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|--------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860404 | CHESTERFIELD LODGE | | | NC | 26 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1596 ROUTE 85 | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | |
| CT0860414 | CORNERSTONE BAPTIST CHURCH | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| 900 ROUTE 163 | | | Connections | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | | | |
| | | DOWNSTEAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21531 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|--|--|-----------|--------------------------|----------------------------|-----------------|---------------|-----------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Mike Jones | | | | Cornerstone Baptist Church | | | Pastor | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 900 Route 163 | | | | | | Oakdale | | CT | 06370 |
| Business Phone | | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-848-2438 | | | | | 860-848-1733 | | | | |
| 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 |
|----------------------------------|----------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0860414 | CORNERSTONE BAPTIST CHURCH | | | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 900 ROUTE 163 | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | |

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 | |
|----------------------------------|--------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860424 | DAVIDS PLACE | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1647 ROUTE 85 | | | | | 1 | | | |

Towns Served: MONTVILLE

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 | | |

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 | 10/1-10/31 | |

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

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

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

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21532 | WELL | 2 | WELL | A | | | | |
| 61270 | TREATMENT PLANT | | | | | | | |

Contact Information

| Name | | | | Organization | | | Job Title | | | |
|---|--|-----------|-----|----------------------------|--------------|--|-----------------|-------------------------|-------|----------|
| Mr. Blendi Hoxha | | | | Brothers Pizza Palace LLC. | | | Owner | | | |
| Mailing Address Line One | | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 1647 Rt. 85 | | | | | | | Montville | | CT | 06370 |
| Business Phone | | Extension | Fax | | Mobile Phone | | Emergency Phone | Email Address | | |
| 860-442-7120 | | | | | 860-235-4034 | | | blendihoxha75@yahoo.com | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | | | | |

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|--------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860424 | DAVIDS PLACE | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1647 ROUTE 85 | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 |
|----------------------------------|----------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0860464 | RENALDIS GETTY | | | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 612 ROUTE 82 | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | |

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 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 9/11/2025 | |

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 | |
|----------------------------------|----------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860464 | RENALDIS GETTY | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 612 ROUTE 82 | | | | 1 | | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21535 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|--|-----------|--------------------------|--------------|--------------|-----------------|-----------------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Lauren Renaldi | | | | Getty | | | Owner | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 612 Route 82 | | | | | | Oakdale | | CT | 06370 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| | | | 860-589-2613 | | 860-287-0270 | 860-859-0811 | renaldisgetty@sbcglobal.net | | |

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

| | | | | | | | | | |
|---------------------------|-----------|-----|--------------------------|-----------------|---------------|----------|-----------|-------|------------|
| Name | | | | Organization | | | Job Title | | |
| Leemilt's Petroleum, Inc. | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 292 Madison Ave | | | 9Th Floor | | | New York | | NY | 10017-6376 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| | | | | | | | | | |

Contact Role(s): **Owner**

| | | | | | | | | | |
|--------------------------|--|-----------|--------------------------|-------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Leo Liebowitz | | | | Leemilt's Petroleum Inc | | | Director | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 125 Jericho Turnpike | | | Suite 103 | | | Jericho | | NY | 11753 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| | | | | | | | | | |

Contact Role(s): **Legal 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

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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 | |
|----------------------------------|----------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860474 | VFW POST 10060 | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 91 RAYMOND HILL ROAD | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|-----------|---------------|
| RESPOND TO SANITARY SURVEY | 7/18/2019 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21536 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|---|--|-----------|--------------------------|--------------|--------------|-----------------|---------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Montville Memorial Post 10060 VFW of Us | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| P. O. 67 | | | | | | Uncasville | | CT | 06382 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| | | | | | | | | | |
| 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 |
| CT0860474 | VFW POST 10060 | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 91 RAYMOND HILL ROAD | | | 1 | | |
| Towns Served: MONTVILLE | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Gary B Blackstone | | VFW Post 10060 | | Quarter Master | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| VFW Post 10060 Quarter Master | | P.O. Box 67 | | Uncasville | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-848-3750 | | | | | vfw10060@outlook.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.

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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 | |
| CT0860484 | 712 ROUTE 163 | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 712 ROUTE 163 | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21537 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|------------------------|------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. David C. Yoselevsky | | | May Realty, LLC | | | Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 188 Glenwood Ave | | | | | | New London | CT | 06320 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-235-7776 | | | | 860-437-0188 | mayrealtyllc@gmail.com | | | |

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

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | |
|--|----------------------|--------------------------|--------------|-----------------|----------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
| CT0860484 | 712 ROUTE 163 | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 712 ROUTE 163 | | | 1 | | |
| Towns Served: MONTVILLE | | | | | |
| Name | | Organization | | Job Title | |
| May Realty LLC | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 188 Glenwood Ave | | | | New London | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| | | | | | |
| Contact Role(s): Owner | | | | | |
| Name | | Organization | | Job Title | |
| Ms. Iris M Yoselevsky | | May Realty LLC | | Vice President | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 188 Glenwood Ave | | | | New London | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| | | | | | |
| Contact Role(s): Legal Contact, Owner | | | | | |
| Please note the following: <ol style="list-style-type: none"> 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 | |
|----------------------------------|------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860594 | CAMP OAKDALE LARGE PAVILLION | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| OXOBOXO DAM ROAD | | | | 1 | | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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 | | | |
| | | DOWNSTEAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22848 | WELL #1 | 2 | WELL #1 | 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 | |
|----------------------------------|------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860594 | CAMP OAKDALE LARGE PAVILLION | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| OXOBOXO DAM ROAD | | | | 1 | | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|--|-----------|--------------------------|------------------------|--------------|-----------------|------------------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. John Carlson | | | | Montville Public Works | | | Public Works Direct | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 225 Maple Ave | | | | | | Uncasville | | CT | 06382 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-848-7473 | | | 860-848-7393 | | | | campoakdale@montville-ct.org | | |

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 |
| CT0860604 | CAMP OAKDALE TENNIS COURTS | NC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| SIMPSON LANE | | | | | 1 |
| Towns Served: MONTVILLE | | | | | |

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 - 7/31/25 | | Complete |
| | 10/1/25 - 12/31/25 | | |

Total Coliform (3100)

3 repeat (RP) per period

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|-------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 7/12/25 - 7/17/25 | | Complete |

Total Coliform (3100)

3 temporary routine (TR) per month

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|-------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25 | | Complete |

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 | 10/1-10/30 | |

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 | 4/1-10/30 | Complete |
| | 1/1/25 - 12/31/25 | 4/1-10/30 | Complete |
| | 1/1/26 - 12/31/26 | 4/1-10/30 | |

Water System Facility: WELL #1 (WSF ID: 22849)

E. Coli (3014)

1 triggered (TG) per period

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| WELL #1 (2) | 7/11/25 - 7/17/25 | | Complete |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTEAM | WITHIN 5 SERVICE CON | A | Y | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | Y | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22849 | WELL #1 | 2 | WELL #1 | A | | | | |

Contact Information

| | | |
|--------------------------|--------------------------|---------------------|
| Name | Organization | Job Title |
| Mr. John Carlson | Montville Public Works | Public Works Direct |
| Mailing Address Line One | Mailing Address Line Two | City |
| 335 Maple Ave | | Montville |
| | | CT |
| | | 06283 |

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 |
| CT0860604 | CAMP OAKDALE TENNIS COURTS | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| SIMPSON LANE | | | | | 1 |
| Towns Served: MONTVILLE | | | | | |
| 225 Maple Ave | | Montville | | CT | 06382 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-848-7473 | | 860-848-7393 | | | campoakdale@montville-ct.org |
| 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 | |
| CT0860614 | CAMP OAKDALE BALLFIELDS | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| SIMPSON LANE | | | Connections | | | | 1 | |
| Towns Served: MONTVILLE | | | | | | | | |

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 |

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 |

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

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22850 | WELL #1 | 2 | WELL #1 | A | | | | |

Contact Information

| | | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|------------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. John Carlson | | Montville Public Works | | | Public Works Direct | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 225 Maple Ave | | | | | Uncasville | CT | 06382 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-848-7473 | | 860-848-7393 | | | campoakdale@montville-ct.org | | |

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

Please note the following:

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

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

End of schedule

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | |
|----------------------------------|--|----------------|------------|------------|----------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
| CT0860624 | CALVARY CHAPEL (ANNEX) SOUTHEASTERN CT | NC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 126 SHARPS ROAD | | | | | 1 |
| Towns Served: MONTVILLE | | | | | |

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 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 | | | |
| | | DOWNSTEAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22858 | WELL #2 | 2 | WELL #2 | A | | | | |
| 61118 | CALVARY TREATMENT PLANT | | | | | | | |

Contact Information

| | | |
|--------------------------|--------------------------|-------------|
| Name | Organization | Job Title |
| Mr. Joe Paskewich | Calvary Chapel of Sect | Lead Pastor |
| Mailing Address Line One | Mailing Address Line Two | City |
| 126 Sharp Hill Road | | Uncasville |
| State | Zip Code | |
| CT | 06382 | |

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | | | | | | | | | | | |
|--|---|---------------------|--------------|-----------------|-----------------------|----------------|-----------|-----|--------------|-----------------|---------------|--------------|--|--------------|--|--|-----------------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | | | | | | | | | | |
| CT0860624 | CALVARY CHAPEL (ANNEX) SOUTHEASTERN CT | NC | 25 | P | GW | | | | | | | | | | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | | | | | | | | | | | | |
| 126 SHARPS ROAD | | | | | | | | | | | | | | | | | |
| Towns Served: MONTVILLE | | | | | 1 | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Business Phone</td> <td style="width: 10%;">Extension</td> <td style="width: 15%;">Fax</td> <td style="width: 15%;">Mobile Phone</td> <td style="width: 15%;">Emergency Phone</td> <td style="width: 30%;">Email Address</td> </tr> <tr> <td>860-848-7400</td> <td></td> <td>860-848-2899</td> <td></td> <td></td> <td>chapelstaff@gmail.com</td> </tr> </table> | | | | | | Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | 860-848-7400 | | 860-848-2899 | | | chapelstaff@gmail.com |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | | | | | | | | | |
| 860-848-7400 | | 860-848-2899 | | | chapelstaff@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.

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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 | |
|----------------------------------|-------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860634 | RENALDIS ONE STOP | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1588 ROUTE 85 | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22927 | WELL #1 | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|---|--|-----------|--------------------------|--------------|-----------------|-----------------------------|-----------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Lauren Renaldi | | | | Getty | | | Owner | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 612 Route 82 | | | | | | Oakdale | | CT | 06370 |
| Business Phone | | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | 860-589-2613 | 860-287-0270 | 860-859-0811 | renaldisgetty@sbcglobal.net | | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | | | |

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|-------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860634 | RENALDIS ONE STOP | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1588 ROUTE 85 | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 |
|----------------------------------|----------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0860654 | QUAKER HILL ROD & GUN CLUB | | | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 261 OXOBEXO DAM ROAD | | | | 1 | | 1 | |
| Towns Served: MONTVILLE | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTEAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 23046 | WELL #1 | 2 | WELL #1 | A | | | | |

Contact Information

| | | | | | | | | | |
|---------------------------------------|-----------|-----|--------------------------|----------------------------|---------------|---------|-----------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Jack Santo | | | | Quaker Hill Rod & Gun Club | | | President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 261 Oxoboxo Dam Rd | | | PO Box 80 | | | Oakdale | | CT | 06370 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-608-4395 | | | | | | | | | |
| Contact Role(s): Legal Contact, Owner | | | | | | | | | |

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | |
|--|---------------------------------------|----------------------------|--------------|-----------------|----------------------------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
| CT0860654 | QUAKER HILL ROD & GUN CLUB | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 261 OXOBEXO DAM ROAD | | | 1 | | 1 |
| Towns Served: MONTVILLE | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Jeff Urgitis | | Quaker Hill Rod & Gun Club | | President | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 261 Oxoboxo Dam Rd | | PO Box 80 | | Oakdale | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-705-1807 | | | | | info@quakerhillrodandgunclub.org |
| 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 | |
| CT0860664 | NATURES ART | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1650 HARTFORD NEW LONDON TURNPIKE (RT 85 | | | | | 2 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|--------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 23094 | WELL #1 | 2 | WELL #1 | A | | | | |
| 54643 | TREATMENT PLANT | | | | | | | |
| 63148 | ATMOSPHERIC STORAGE TANK | | | | | | | |

Contact Information

| | | | | | | | | | |
|---|--|-----------|--------------------------|--------------|--------------|-----------------|-----------------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Roger L. Phillips | | | | | | | President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 1650 Route 85 | | | | | | Oakdale | | CT | 06370 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-443-4367 | | | 860-443-0253 | | | 860-443-4367 | roger@naturesartvillage.com | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | | | |

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|--|-------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0860664 | NATURES ART | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1650 HARTFORD NEW LONDON TURNPIKE (RT 85 | | | | | 2 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | |
|----------------------------------|---------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0869104 | 1434 ROUTE 85 | | | NC | 44 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | | |

Towns Served: MONTVILLE

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 EXEMPTION | 3/1/2024 | |
| CROSS CONNECTION EXEMPTION | 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 | CLF4 | DISTRIBUTION | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 51439 | WELL 1 | 2 | WELL 1 | A | | | | |
| 61268 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mastelo LLC | | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 870 Vauxhall St Ext | | | | | Quaker Hill | CT | 06375 |
| 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 |
| CT0869104 | 1434 ROUTE 85 | NC | 44 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| | | | 1 | | |
| Towns Served: MONTVILLE | | | | | |
| Contact Role(s): Owner | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Jason Pope | | Ece | | Owner | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 921 Vauxhall Street Extension | | | | Quaker Hill | CT |
| Zip Code | | | | | |
| | 06375 | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| | | 888-505-0851 | 860-625-2311 | | jason@thepopeteam.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 | |
|----------------------------------|--------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0869054 | I-395 SOUTHBOUND SERVICE PLAZA | | | NC | 49 | S | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| I-395 SOUTHBOUND | | | Connections | | | | 1 | |
| Towns Served: MONTVILLE | | | | | | | | |

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 |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |

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 | 6/27/25 - 7/2/25 | | |

Total Coliform (3100) **3 temporary routine (TR) 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 | 7/1/25 - 7/31/25 | | |

Physical Parameters (PPS) **1 routine (RT) per quarter**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 9/30/25 | | 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 1 (WSF ID: 57174)**

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> |
|---|--------------------------|--------------------------|--------------------------|
| 1 (2) | 6/26/25 - 7/2/25 | | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | 4-4 | GENERATED BY BATCH | A | Y | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 57174 | WELL 1 | 2 | 1 | A | | | | |
| 57177 | TREATMENT PLANT | | | | | | | |
| 57178 | ATMOSPHERIC STORAGE | | | | | | | |
| 57190 | BOOSTER PUMPS | | | | | | | |

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 | |
|----------------------------------|--------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0869054 | I-395 SOUTHBOUND SERVICE PLAZA | | | NC | 49 | S | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| I-395 SOUTHBOUND | | | | | | | 1 | |
| Towns Served: MONTVILLE | | | | | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|--|-----------|--------------------------|------------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Joseph Giulietti | | | | Department of Transportation | | | Commissioner | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 2800 Berlin Turnpike | | | | | | Newington | | CT | 06111 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-594-3000 | | | | | | | | | |

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

| Name | | | | Organization | | | Job Title | | |
|--------------------------|--|-----------|--------------------------|--------------------------|--------------|-----------------|----------------------|-------|----------|
| Ms. Jill A. Brennan | | | | State of Connecticut Dot | | | Tr. Director of Conc | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 2800 Berlin Turnpike | | | | | | Newington | | CT | 06111 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-594-3000 | | | | | | | Jill.Brennan@ct.gov | | |

Contact Role(s): **Owner**

| Name | | | | Organization | | | Job Title | | |
|--------------------------|--|-----------|--------------------------|---------------------|--------------|-----------------|-------------------------|-------|----------|
| Mr. Mike Modine | | | | Project Service LLC | | | Director of Operatio | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 195 Church St. 8Th Floor | | | | | | New Haven | | CT | 06131 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 203-877-9900 | | 1004 | | | 203-314-5446 | | mike.modine@psllcct.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.

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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 | |
|----------------------------------|----------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0869124 | THE PAST | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1630 ROUTE 85 | | | | | 3 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 58266 | WELL 1 | 2 | WELL 1 | A | | | | |

Contact Information

| | | | | | | | | | |
|--|--|-----------|--------------------------|--------------|--------------|-----------------|-----------------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Roger L. Phillips | | | | | | | President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 1650 Route 85 | | | | | | Oakdale | | CT | 06370 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-443-4367 | | | 860-443-0253 | | | 860-443-4367 | roger@naturesartvillage.com | | |
| Contact Role(s): Administrative Contact, Legal Contact | | | | | | | | | |

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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 | |
|----------------------------------|----------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0869124 | THE PAST | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1630 ROUTE 85 | | | | | 3 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | | |
| CT0869134 | WIDE WORLD OF INDOOR SPORTS | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 2 SACHATELLO INDUSTRIAL DRIVE | | | | | 1 | | |
| Towns Served: MONTVILLE | | | | | | | |

Monitoring Requirements

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

Total Coliform (3100)

1 routine (RT) per quarter

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

Physical Parameters (PPS)

1 routine (RT) per quarter

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

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

Nitrate And Nitrite (NOX)

1 routine (RT) per year

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

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2022 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2023 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2024 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 59824 | WELL #2 | 2 | WELL #2 | A | | | | |
| 62031 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | |
|--------------------------|-----------------------------|---------------------|
| Name | Organization | Job Title |
| Mr. Dan Fawcett | Wide World of Indoor Sports | |
| Mailing Address Line One | Mailing Address Line Two | City State Zip Code |

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

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 |
| CT0869134 | WIDE WORLD OF INDOOR SPORTS | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 2 SACHATELLO INDUSTRIAL DRIVE | | | | | 1 |
| Towns Served: MONTVILLE | | | | | |
| 621 Pound Hill Rd | | Building 200 | | North Smithfield | RI 02896 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 401-465-7848 | | | | | dan@drflc.net |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | |
| Please note the following: <ol style="list-style-type: none"> 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 | |
| CT0869144 | ORIENTAL BAR & GRILL | | | NC | 37 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 867 NORWICH-NEW LONDON TURNPIKE | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|-----------|---------------|
| RESPOND TO SANITARY SURVEY | 2/15/2018 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 60386 | WELL 1 | 2 | WELL 1 | A | | | | |

Contact Information

| | | | | | | | | | | |
|--------------------------|--|---------------------------------------|-----|--------------------------|--------------|--|-----------------|-----------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | | |
| Mr. Jason Lin | | | | Oriental Bar & Grill | | | | | | |
| Mailing Address Line One | | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 5 Lost Acres Road | | | | | | | Norwich | | CT | 06360 |
| Business Phone | | Extension | Fax | | Mobile Phone | | Emergency Phone | Email Address | | |
| 860-334-3368 | | | | | | | | JasonLin869@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 | |
|----------------------------------|----------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0869144 | ORIENTAL BAR & GRILL | | | NC | 37 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 867 NORWICH-NEW LONDON TURNPIKE | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | |
|----------------------------------|-------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0869154 | NASKART LLC | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1 SACHATELLO INDUSTRIAL DR | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 60414 | WELL 1 | 2 | WELL 1 | A | | | | |
| 60419 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|--|-----|--------------------------|-----------------------------|-----------------|------------------|-----------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Dan Fawcett | | | | Wide World of Indoor Sports | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 621 Pound Hill Rd | | | Building 200 | | | North Smithfield | | RI | 02896 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | |
| 401-465-7848 | | | | | | dan@drfllc.net | | | |
| Contact Role(s): | Administrative Contact, Legal Contact, Owner | | | | | | | | |

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|-------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0869154 | NASKART LLC | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1 SACHATELLO INDUSTRIAL DR | | | | | 1 | | | |
| Towns Served: MONTVILLE | | | | | | | | |

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 | |
|----------------------------------|-----------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0869164 | CAMP OAKDALE MAINTENANCE BUILDING | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| SIMPSON LANE | | | | | | | 1 | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

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

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

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

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

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

Other Compliance Schedules

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | Y | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | Y | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 61274 | WELL #2 | 2 | WELL #2 | A | | | | |

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | | |
|----------------------------------|-----------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
| CT0869164 | CAMP OAKDALE MAINTENANCE BUILDING | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| SIMPSON LANE | | | | | | | 1 | |
| Towns Served: MONTVILLE | | | | | | | | |

Contact Information

| Name | | | | Organization | | | Job Title | | |
|--------------------------|--|-----------|--------------------------|------------------------|--------------|-----------------|------------------------------|-------|----------|
| Mr. John Carlson | | | | Montville Public Works | | | Public Works Direct | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 225 Maple Ave | | | | | | Uncasville | | CT | 06382 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-848-7473 | | | 860-848-7393 | | | | campoakdale@montville-ct.org | | |

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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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 | |
| CT0869174 | DEER RUN STABLE, LLC (CITGO GAS STATION) | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1499-1505 HARTFORD NEW LONDON TURNPIKE | | | | | | | 1 | |
| Towns Served: MONTVILLE | | | | | | | | |

Monitoring Requirements

Water System Facility: **DISTRIBUTION (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 | 4 | DISTRIBUTION | A | Y | | | |
| | | DOWNSTEAM | 5 SERVICE CONNECTION | A | Y | | | |
| | | UPSTREAM | 5 SERVICE CONNECTION | A | Y | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 62767 | WELL 1 | 2 | WELL 1 | A | | | | |
| 62771 | TREATMENT | | | | | | | |

Contact Information

| | | | | | | | | | |
|---|--|-----------|--------------------------|------------------|--------------|-----------------|----------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Asif Choudhry | | | | Ibrahim Ali, LLC | | | Mgr / Owner | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 7 Jean Drive | | | | | | Old Lyme | | CT | 06371 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-889-2266 | | | | | 860-204-7099 | | asifman500@gmail.com | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | | | |

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|--|--|---------------------|----------------|------------|------------|----------------|--------------|
| PWS ID | PWS Name | | Classification | Population | Owner Type | Primary Source | |
| CT0869174 | DEER RUN STABLE, LLC (CITGO GAS STATION) | | NC | 25 | P | GW | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1499-1505 HARTFORD NEW LONDON TURNPIKE | | | | | | 1 | |
| Towns Served: MONTVILLE | | | | | | | |

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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End of schedule