

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|-------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
| CT0990011 | BLUE TRAILS WATER ASSOCIATION | | | C | 228 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 56 | | | | |

Towns Served: DURHAM, NORTH BRANFORD

Monitoring Requirements

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

| Asbestos (1094) | | 1 routine (RT) per nine years | |
|--|--------------------------|--------------------------------|--------------------------|
| <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 | 1/1/22 - 12/31/30 | | |
| 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 | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per year | |
| <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 | 1/1/24 - 12/31/24 | 6/1-9/30 | Complete |
| | 1/1/25 - 12/31/25 | 6/1-9/30 | |
| | 1/1/26 - 12/31/26 | 6/1-9/30 | |
| 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) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |
| | 1/1/26 - 12/31/26 | | |
| Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) | | 1 routine (RT) per six years | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/26 - 12/31/31 | | |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | | 1 routine (RT) per three years | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/26 - 12/31/28 | | |
| Organic Chemicals (VOCS) | | 1 routine (RT) per year | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | |
| | 1/1/26 - 12/31/26 | | |

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Connecticut Department of Public Health Drinking Water Section

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| | | | | 56 | | | | |

Towns Served: DURHAM, NORTH BRANFORD

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| CROSS CONNECTION EXEMPTION | 3/1/2029 | |

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 | | | |
| | | BT01 | PUMPHOUSE | A | Y | | Y | |
| | | BT02 | 13 BARBARA LANE | A | Y | 3 | Y | |
| | | BT03 | 31 GINNY LANE | A | Y | 3 | Y | |
| | | BT04 | 33 GINNY LANE | A | Y | 3 | Y | |
| | | BT05 | 58 BARBARA LANE | A | Y | 3 | Y | |
| | | BT06 | 59 BARBARA LANE | A | Y | 3 | Y | |
| | | BT07 | 60 BLUE TRAILS | A | Y | 3 | Y | |
| | | BT08 | 62 BARBARA LANE | A | Y | 3 | Y | |
| | | BT09 | 73 CAMERA RD | A | Y | 3 | Y | |
| | | BT10 | 75 CAMERA RD | A | Y | 3 | Y | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 57739 | ATMOSPHERIC TANKS | | | | | | | |
| 57741 | PUMP STATION | | | | | | | |
| 62709 | WELL #2 | 2 | WELL #2 | A | | | | |
| 723 | WELL #1 | 2 | WELL #1 | A | | | | |

Certified Operator Information

| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
|--|----------------|---|--------------------------|
| Facility Classification: SMALL WATER SYSTEM | | | |
| Operator Name | Operator Type | Certification(s) | Certification Expiration |
| SIMA, III, JOHN F. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2026 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2026 |

Contact Information

| | | | | | | | | | |
|-------------------------------------|--|-----------|--------------------------|--------------|--------------|-----------------|---------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Blue Trails Association, Coporation | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| Barbara Lane | | | | | | Durham | | CT | 06422 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 609-748-9186 | | | | | | | | | |
| 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

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|---|--------------------------------------|-------------------------------|--------------|-----------------|----------------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
| CT0990011 | BLUE TRAILS WATER ASSOCIATION | C | 228 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| | | 56 | | | |
| Towns Served: DURHAM, NORTH BRANFORD | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Richard Hintz | | Blue Trails Water Association | | President | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 62 Barbara Lane | | | | Durham | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-463-8547 | | | | | rhintz01@comcast.net |
| Contact Role(s): Administrative Contact | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Stuart Margolis | | Berdon, Young & Margolis, Pc | | Attorney | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 350 Orange St. | | 2Nd Floor | | New Haven | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 203-772-8414 | | 203-492-4444 | | | |
| Contact Role(s): Legal 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 | |
|----------------------------------|--|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0990031 | NORTHFORD GLEN CONDOMINIUM ASSOCIATION | | | C | 84 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 246 REEDS GAP RD | | | | 21 | | | | |
| Towns Served: NORTH BRANFORD | | | | | | | | |

Monitoring Requirements

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

| Chlorine Residual (1012) | | 1 routine (RT) per month | |
|---|--------------------|-------------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25 | | Complete |
| | 6/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 7/31/25 | | Complete |
| | 8/1/25 - 8/31/25 | | Complete |
| Asbestos (1094) | | 1 routine (RT) per nine years | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 routine (RT) per month | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25 | | Complete |
| | 6/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 7/31/25 | | Complete |
| | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | |
| | 10/1/25 - 10/31/25 | | |
| | 11/1/25 - 11/30/25 | | |
| | 12/1/25 - 12/31/25 | | |
| | 1/1/26 - 1/31/26 | | |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 4/1/26 - 4/30/26 | | |
| Disinfectant Byproducts - TTHM & HAA5 (DBP) | | 1 routine (RT) per year | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| BUILDINGS 1 & 2 UNITS (NGCDDBP1) | 1/1/24 - 12/31/24 | 7/1-7/31 | |
| | 1/1/25 - 12/31/25 | 7/1-7/31 | Complete |
| | 1/1/26 - 12/31/26 | 7/1-7/31 | |
| Lead And Copper (PBCU) | | 5 routine (RT) per six months | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/25 - 6/30/25 | | Complete |
| Lead And Copper (PBCU) | | 5 routine (RT) per year | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/26 - 12/31/26 | 6/1-9/30 | |
| Physical Parameters (PPS) | | 1 routine (RT) per month | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25 | | Complete |
| | 6/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 7/31/25 | | Complete |
| | 8/1/25 - 8/31/25 | | Complete |

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Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|--|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0990031 | NORTHFORD GLEN CONDOMINIUM ASSOCIATION | | | C | 84 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 246 REEDS GAP RD | | | | 21 | | | | |
| Towns Served: NORTH BRANFORD | | | | | | | | |

Monitoring Requirements

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

| 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> |
| | 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 Quality Parameters Orthophosphate and Total Alkalinity (WQP9) | | 2 routine (RT) per six months | |
|---|--------------------------|-------------------------------|--------------------------|
| <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 | 1/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 12/31/25 | | |
| | 1/1/26 - 6/30/26 | | |

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

| Nitrate (1040) | | 1 routine (RT) per quarter | |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 4/1/25 - 6/30/25 | | |
| | 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 | |
|---|--------------------------|--------------------------|--------------------------|
| <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 | | |

| Net Gross Alpha (4000) | | 1 routine (RT) per three years | |
|---|--------------------------|--------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |

| Uranium (4006) | | 1 routine (RT) per three years | |
|---|--------------------------|--------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |

| Combined Radium-226/228 (4010) | | 1 routine (RT) per three years | |
|---|--------------------------|--------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |

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| 246 REEDS GAP RD | | | | 21 | | | | |
| Towns Served: NORTH BRANFORD | | | | | | | | |

Monitoring Requirements

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

| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | |
|--|--------------------------|--------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/27 | | |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | | 1 routine (RT) per three years | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |
| Organic Chemicals (VOCS) | | 1 routine (RT) per three years | |
| <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 - 12/31/26 | | |
| | 1/1/27 - 12/31/29 | | |

Water System Facility: WELL #1 (WSF ID: 709)

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

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

| | | | |
|-----------------------------|---|---------------------------|---------------------------|
| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
| Chlorine | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.3 MG/L | Daily |
| Start Date: 9/1/2025 | Compliance History: | Operating Limit | Monitoring |
| | Monitoring Period | Compliance Status: | Compliance Status: |
| | 9/1/2025 - 9/30/2025 | | |
| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
| Orthophosphate | Entry Point Phosphate Monitoring (PHOS) | Minimum: 1.0 MG/L | 2 |
| Start Date: 1/1/2023 | Compliance History: | Operating Limit | Monitoring |
| | Monitoring Period | Compliance Status: | Compliance Status: |
| | 5/1/2025 - 5/31/2025 | | |
| | 6/1/2025 - 6/30/2025 | | |
| | 7/1/2025 - 7/31/2025 | | |
| | 8/1/2025 - 8/31/2025 | | |
| | 9/1/2025 - 9/30/2025 | | |
| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
| Orthophosphate | Entry Point Phosphate Monitoring (PHOS) | Maximum: 3.0 MG/L | 2 |
| Start Date: 1/1/2023 | Compliance History: | Operating Limit | Monitoring |
| | Monitoring Period | Compliance Status: | Compliance Status: |
| | 5/1/2025 - 5/31/2025 | Y | |

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| 246 REEDS GAP RD | | | | 21 | | | | |

Towns Served: NORTH BRANFORD

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

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|----------------------|---|------------------------------------|-------------------------------|
| Orthophosphate | Entry Point Phosphate Monitoring (PHOS) | Maximum: 3.0 MG/L | 2 |
| Start Date: 1/1/2023 | Compliance History: Monitoring Period | Operating Limit Compliance Status: | Monitoring Compliance Status: |
| | 6/1/2025 - 6/30/2025 | Y | |
| | 7/1/2025 - 7/31/2025 | Y | |
| | 8/1/2025 - 8/31/2025 | Y | |
| | 9/1/2025 - 9/30/2025 | | |
| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7.0 PH | 4 |
| Start Date: 6/1/2021 | Compliance History: Monitoring Period | Operating Limit Compliance Status: | Monitoring Compliance Status: |
| | 5/1/2025 - 5/31/2025 | Y | |
| | 6/1/2025 - 6/30/2025 | Y | |
| | 7/1/2025 - 7/31/2025 | Y | |
| | 8/1/2025 - 8/31/2025 | Y | |
| | 9/1/2025 - 9/30/2025 | | |
| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
| pH | Entry Point pH Monitoring (PHRD) | Maximum: 9.0 PH | 4 |
| Start Date: 9/1/2025 | Compliance History: Monitoring Period | Operating Limit Compliance Status: | Monitoring Compliance Status: |
| | 9/1/2025 - 9/30/2025 | | |

Other Compliance Schedules

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

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification Required | Public Notification Performed | PN Certification Due to DPH | PN Certification Received |
|------------------------------|-------------------|-------------|------------------------------|-------------------------------|-----------------------------|---------------------------|
| Orthophosphate M&R Violation | 7/1/24 - 12/31/24 | 3 | 2/6/2026 | | 2/16/2026 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | |
| | | NG1A | UNIT 1A | A | Y | N | Y |
| | | NG1B | UNIT 1B | A | Y | N | Y |
| | | NG1C | UNIT 1C | A | Y | N | Y |
| | | NG1D | UNIT 1D | A | Y | N | Y |
| | | NG2A | UNIT 2A | A | Y | N | Y |
| | | NG2B | UNIT 2B | A | Y | N | Y |

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| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 246 REEDS GAP RD | | | | 21 | | | | |
| Towns Served: NORTH BRANFORD | | | | | | | | |

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 |
|--------------------------|---------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | NG2C | UNIT 2C | A | Y | N | Y | |
| | | NG2D | UNIT 2D | A | Y | N | Y | |
| | | NG3A | UNIT 3A | A | Y | N | Y | |
| | | NG3B | UNIT 3B | A | Y | N | Y | |
| | | NG3C | UNIT 3C | A | Y | N | Y | |
| | | NG3D | UNIT 3D | A | Y | N | Y | |
| | | NG3E | UNIT 3E | A | Y | N | Y | |
| | | NG4A | UNIT 4A | A | Y | N | Y | |
| | | NG4B | UNIT 4B | A | Y | N | Y | |
| | | NG4C | UNIT 4C | A | Y | N | Y | Y |
| | | NG4D | UNIT 4D | A | Y | N | Y | |
| | | NG5A | UNIT 5A | A | Y | N | Y | |
| | | NG5B | UNIT 5B | A | Y | N | Y | |
| | | NG5C | UNIT 5C | A | Y | N | Y | Y |
| | | NG5D | UNIT 5D | A | Y | N | Y | |
| | | NGCDDBP1 | BUILDINGS 1 & 2 UNIT | A | | | | Y |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 36475 | TREATMENT PLANT | | | | | | | |
| 61891 | BOOSTER PUMP STATION | | | | | | | |
| 61892 | ATMOSPHERIC STORAGE TANKS | | | | | | | |
| 709 | WELL #1 | 2 | WELL #1 | A | | | | |

Certified Operator Information

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

Facility Classification: DISTRIBUTION SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|------------------|----------------|---|--------------------------|
| COSSETTE, EVAN J | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS IV | 6/30/2027 |
| | | DISTRIBUTION SYSTEM OPERATOR IN TRAINING | 6/30/2027 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 9/30/2027 |

Water System Facility: TREATMENT PLANT (WSF ID: 36475)

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|------------------|----------------|---|--------------------------|
| COSSETTE, EVAN J | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS IV | 6/30/2027 |
| | | DISTRIBUTION SYSTEM OPERATOR IN TRAINING | 6/30/2027 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 9/30/2027 |

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 | |
|----------------------------------|--|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0990031 | NORTHFORD GLEN CONDOMINIUM ASSOCIATION | | | C | 84 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 246 REEDS GAP RD | | | | 21 | | | | |
| Towns Served: NORTH BRANFORD | | | | | | | | |

Contact Information

| | | | | | | | | | | |
|--|--|-----------|--------------------------|--------------|--------------|--|-------------------|--|---------------|----------|
| Name | | | | Organization | | | Job Title | | | |
| Northford Glen Condominium Association | | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | | City | | State | Zip Code |
| Emergency Contact | | | | | | | Emergency Contact | | CT | 06000 |
| Business Phone | | Extension | Fax | | Mobile Phone | | Emergency Phone | | Email Address | |
| 203-484-4869 | | | | | | | | | | |

Contact Role(s): **Owner**

| Name | | | | Organization | | Job Title | | | |
|--------------------------|--|-----------|--------------------------|------------------------------|--------------|------------------|--|-------|----------|
| Mr. David St. Amant | | | | Performance Properties, LLC. | | Property Manager | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 126 S, Cherry Street | | | | | | Wallingford | | CT | 06492 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 203-294-1684 | | | | | 203-599-5596 | | dst.amant@performancepropertiesllc.com | | |

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

| Name | | | | Organization | | Job Title | | |
|--------------------------|-----------|-----|--------------------------|-----------------------------|--------------------------|-----------|-------|----------|
| Ms. Paula Dorschied | | | | Northford Glen Condominiums | | President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 246 Reeds Gap Road | | | Unit 1B | | | Northford | CT | 06472 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | pauladorschied@gmail.com | | | |

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

Please note the following:

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

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

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

End of schedule