

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1000044 | NORTH CANAAN CONGREGATIONAL CHURCH | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 172 LOWER ROAD | | | | | 1 | | | |
| Towns Served: NORTH CANAAN | | | | | | | | |

Monitoring Requirements

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

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

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Total Coliform M&R Violation | 1/1/24 - 3/31/24 | 3 | 6/6/2025 | | 6/16/2025 | |
| Physical Parameters M&R Violation | 1/1/24 - 3/31/24 | 3 | 6/6/2025 | | 6/16/2025 | |
| Total Coliform M&R Violation | 7/1/23 - 9/30/23 | 3 | 6/6/2025 | | 6/16/2025 | |
| Physical Parameters M&R Violation | 7/1/23 - 9/30/23 | 3 | 6/6/2025 | | 6/16/2025 | |
| Physical Parameters M&R Violation | 7/1/24 - 9/30/24 | 3 | 10/31/2025 | | 11/10/2025 | |
| Total Coliform M&R Violation | 7/1/24 - 9/30/24 | 3 | 10/31/2025 | | 11/10/2025 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21766 | WELL | 2 | WELL | A | | | | |

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

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| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1000044 | NORTH CANAAN CONGREGATIONAL CHURCH | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 172 LOWER ROAD | | | | | 1 | | | |
| Towns Served: NORTH CANAAN | | | | | | | | |

Contact Information

| Name | | | | Organization | | | Job Title | | |
|--------------------------|--|-----------|--------------------------|--------------------------|--|-----------------|---------------------|-------|------------|
| Ms. Wendy Kennedy | | | | North Canaan Cong Church | | | Treasurer | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| P.O. Box 306 | | | | | | Canaan | | CT | 06018-0306 |
| Business Phone | | Extension | Fax | Mobile Phone | | Emergency Phone | Email Address | | |
| 860-672-3487 | | | | | | | wacsk@optonline.net | | |

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 | |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1000094 | LONE OAK CAMPGROUND | | | NC | 1,250 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 360 NORFOLK ROAD | | | | | 1 | | | |
| Towns Served: NORTH CANAAN | | | | | | | | |

Monitoring Requirements

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

| Chlorine Residual (1012) | | 2 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 |
| Total Coliform (3100) | | 2 routine (RT) per month | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 5/1/25 - 5/31/25 | | Complete |
| | 6/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 7/31/25 | | Complete |
| | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | |
| | 10/1/25 - 10/31/25 | | |
| | 4/1/26 - 4/30/26 | | |
| 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 WELL #1 & WELL #2 (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 WELL #1 & WELL #2 (3) | 1/1/24 - 12/31/24 | 4/1-10/31 | Complete |
| | 1/1/25 - 12/31/25 | 4/1-10/31 | Complete |
| | 1/1/26 - 12/31/26 | 4/1-10/31 | |

Water System Facility: **ENTRY POINT WELL #3 (WSF ID: 00701)**

| 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 WELL #3 (3) | 1/1/24 - 12/31/24 | 4/1-10/31 | Complete |
| | 1/1/25 - 12/31/25 | 4/1-10/31 | Complete |
| | 1/1/26 - 12/31/26 | 4/1-10/31 | |

Water System Facility: **ENTRY POINT- WELL #4 (WSF ID: 00702)**

| 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 WELL #4 (3) | 1/1/24 - 12/31/24 | 4/1-10/31 | Complete |
| | 1/1/25 - 12/31/25 | 4/1-10/31 | Complete |
| | 1/1/26 - 12/31/26 | 4/1-10/31 | |

Water System Facility: **WELL #1 (WSF ID: 21768)**

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 |
|----------------------------------|---------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT1000094 | LONE OAK CAMPGROUND | | | NC | 1,250 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 360 NORFOLK ROAD | | | | 1 | | | |
| Towns Served: NORTH CANAAN | | | | | | | |

Monitoring Requirements

Water System Facility: **WELL #1 (WSF ID: 21768)**

| 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 | |
| | 9/1/25 - 9/30/25 | | | |
| | 10/1/25 - 10/31/25 | | | |
| | 4/1/26 - 4/30/26 | | | |
| | | | | |

Water System Facility: **WELL #2 (WSF ID: 21769)**

| 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 #2 (2) | 5/1/25 - 5/31/25 | | Complete | |
| | 6/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 7/31/25 | | Complete | |
| | 8/1/25 - 8/31/25 | | Complete | |
| | 9/1/25 - 9/30/25 | | | |
| | 10/1/25 - 10/31/25 | | | |
| | 4/1/26 - 4/30/26 | | | |
| | | | | |

Water System Facility: **WELL #3 (WSF ID: 21770)**

| 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 #3 (2) | 5/1/25 - 5/31/25 | | Complete | |
| | 6/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 7/31/25 | | Complete | |
| | 8/1/25 - 8/31/25 | | Complete | |
| | 9/1/25 - 9/30/25 | | | |
| | 10/1/25 - 10/31/25 | | | |
| | 4/1/26 - 4/30/26 | | | |
| | | | | |

Water System Facility: **WELL #4 (WSF ID: 21771)**

| 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 #4 (2) | 5/1/25 - 5/31/25 | | Complete | |
| | 6/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 7/31/25 | | Complete | |
| | 8/1/25 - 8/31/25 | | Complete | |
| | 9/1/25 - 9/30/25 | | | |
| | 10/1/25 - 10/31/25 | | | |
| | 4/1/26 - 4/30/26 | | | |
| | | | | |

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1000094 | LONE OAK CAMPGROUND | | | NC | 1,250 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 360 NORFOLK ROAD | | | | | 1 | | | |
| Towns Served: NORTH CANAAN | | | | | | | | |

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT WELL #1 & WELL #2 (WSFID: 00700)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|----------------------|---|--------------------|--------------------|
| Chlorine | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2 MG/L | Daily |
| Start Date: 1/1/2006 | 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 | | |

Water System Facility: ENTRY POINT WELL #3 (WSFID: 00701)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|----------------------|---|--------------------|--------------------|
| Chlorine | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2 MG/L | Daily |
| Start Date: 1/1/2006 | 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 | | |

Water System Facility: ENTRY POINT- WELL #4 (WSFID: 00702)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|----------------------|---|--------------------|--------------------|
| Chlorine | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2 MG/L | Daily |
| Start Date: 6/1/2005 | 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 | | |

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 | | | | |
| | | LONEOAK 001 | SITE 587 | A | Y | | | |
| | | LONEOAK 002 | SITE 219 | A | Y | | | |
| | | LONEOAK 003 | SITE 708 | A | Y | | | |
| | | LONEOAK 004 | SITE T 1 | A | Y | | | |

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Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1000094 | LONE OAK CAMPGROUND | | | NC | 1,250 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 360 NORFOLK ROAD | | | | | 1 | | | |
| Towns Served: NORTH CANAAN | | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|------------------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | LONEOAK 005 | SITE 587 | A | Y | | | |
| | | LONEOAK 006 | MAIN BATHROOM | A | Y | | | |
| | | LONEOAK 007 | SITE 200 | A | Y | | | |
| | | LONEOAK 008 | LAUNDRY | A | Y | | | |
| | | LONEOAK 009 | SITE 516 | A | Y | | | |
| | | LONEOAK 010 | SITE 618 | A | Y | | | |
| | | LONEOAK 011 | SITE 517 | A | Y | | | |
| | | LONEOAK 012 | SITE N 9 | A | Y | | | |
| | | LONEOAK 013 | SITE 680 | A | Y | | | |
| | | LONEOAK 014 | SITE 528 | A | Y | | | |
| | | LONEOAK 015 | SITE T 6 | A | Y | | | |
| | | LONEOAK 016 | SITE 001 | A | Y | | | |
| | | LONEOAK 017 | SITE 635 | A | Y | | | |
| | | LONEOAK 018 | SITE 49 | A | Y | | | |
| | | LONEOAK 019 | SITE T 22 | A | Y | | | |
| | | LONEOAK 020 | SITE 505 | A | Y | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT WELL #1 & WELL #2 | 3 | ENTRY POINT WELL #1 | A | | | | |
| 00701 | ENTRY POINT WELL #3 | 3 | ENTRY POINT WELL #3 | A | | | | |
| 00702 | ENTRY POINT- WELL #4 | 3 | ENTRY POINT WELL #4 | A | | | | |
| 21768 | WELL #1 | 2 | WELL #1 | A | | | | |
| 21769 | WELL #2 | 2 | WELL #2 | A | | | | |
| 21770 | WELL #3 | 2 | WELL #3 | A | | | | |
| 21771 | WELL #4 | 2 | WELL #4 | A | | | | |
| 50504 | TREATMENT PLANT- WELL #4 | | | | | | | |
| 57280 | TREATMENT PLANT- WELL #3 | | | | | | | |
| 57282 | TREATMENT PLANT- WELL #1 & WELL #2 | | | | | | | |

Contact Information

| | | | | | | | | | |
|---|--|-----------|--------------------------|---------------------------|--------------|-----------------|--------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Mr. Kevin Richards | | | | Modern America Management | | | Director of Ops | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 1266 Furnace Brook Parkway | | | Suite 300 | | | Quincy | | MA | 02169 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 781-877-1086 | | | | | | | kevin@vazzareg.com | | |
| Contact Role(s): Administrative 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 |
| CT1000094 | LONE OAK CAMPGROUND | NC | 1,250 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 360 NORFOLK ROAD | | | 1 | | |
| Towns Served: NORTH CANAAN | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Stephen Vazza | | Lone Oak Rv, LLC | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 1266 Furnace Brook Parkway | | Suite 300 | | Quincy | MA |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 781-877-1086 | | | | | stephen@vazzareg.com |
| Contact Role(s): Owner | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Kevin Gundlach | | Lone Oak Campground | | General Manager | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 360 Norfolk Road | | | | North Canaan | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-824-7051 | | | | | kgundlach@loneoakcampsites.com |
| 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 | |
|----------------------------------|------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1000234 | FREUNDS FARM MARKET & BAKERY | | | NC | 43 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 324 NORFOLK ROAD | | | | | | | 3 | |
| Towns Served: NORTH CANAAN | | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | | 1 routine (RT) per quarter | |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 9/30/25 | | |
| | 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 - MARKET WELL (WSF ID: 00700)**

| Nitrate (1040) | | 1 routine (RT) per quarter | |
|------------------------------------|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| EP - MARKET WELL (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 |
| EP - MARKET WELL (3) | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |

Water System Facility: **MARKET WELL (WSF ID: 59762)**

| E. Coli (3014) | | 1 routine (RT) per quarter | |
|------------------------------------|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| MARKET WELL (2) | 4/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 9/30/25 | | |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |

Water System Facility and Sampling Point Inventory

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

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1000234 | FREUNDS FARM MARKET & BAKERY | | | NC | 43 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 324 NORFOLK ROAD | | | | | | | 3 | |
| Towns Served: NORTH CANAAN | | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 59762 | MARKET WELL | 2 | MARKET WELL | A | | | | |
| 59770 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | | | | |
|---|-----------|-----|--------------|--------------------------|----------------------------|--|--|--------------|--|-------|----------|
| Name | | | | Organization | | | | Job Title | | | |
| Mr. Benjamin Freund | | | | | | | | | | | |
| Mailing Address Line One | | | | Mailing Address Line Two | | | | City | | State | Zip Code |
| PO Box 636 | | | | | | | | East Canaan | | CT | 06024 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | | | |
| 860-824-0650 | | | 860-824-7524 | | | | | | | | |
| Contact Role(s): Legal Contact | | | | | | | | | | | |
| Name | | | | Organization | | | | Job Title | | | |
| Ms. Theresa Freund | | | | | | | | | | | |
| Mailing Address Line One | | | | Mailing Address Line Two | | | | City | | State | Zip Code |
| 324 Norfolk Rd | | | | | | | | North Canaan | | CT | 06018 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | | | |
| 860-824-0650 | | | | | theresa.h.freund@gmail.com | | | | | | |
| Contact Role(s): Owner | | | | | | | | | | | |
| Name | | | | Organization | | | | Job Title | | | |
| Mr. Matthew Freund | | | | | | | | | | | |
| Mailing Address Line One | | | | Mailing Address Line Two | | | | City | | State | Zip Code |
| 324 Norfolk Rd | | | | PO Box 636 | | | | East Canaan | | CT | 06024 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | | | |
| 860-824-7524 | | | | 203-982-9046 | matt@cowpots.com | | | | | | |
| Contact Role(s): Administrative Contact, Owner | | | | | | | | | | | |

Please note the following:

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

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

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

End of schedule