	Connecticut De	.				0			
	Water Q	uality Mo	nitoring and	l Comp	olianc	e Sch	edule		
PWS ID	PWS Name		<u> </u>	Ĉ	lassificati	on Pop	ulation O	wner Type Pr	imary Source
СТ0400024	95 SPOONVILLE ROAD -	EAST GRANBY			NC		29	Р	GW
Local Addres	ss (where applicable)		Service	Residentia	al Comm	ercial	Industrial	Combined	Agricultural
			Connections		2	<u>!</u>			
Towns Serve	ed: EAST GRANBY								
		Мо	nitoring Requi	irement	ts				
Water Syste	em Facility: DISTRIBUTIC	N SYSTEM (W	/SF ID: 00600)						
Total Colif	orm (3100)						1 r	outine (RT) p	per quarter
Samplii	ng Point (Sampling Point ID)		Λ	Aonitoring	Period	Collec	tion Perio	d Compli	ance Status
Select f	rom Inventory of Active Sam	pling Points	1	0/1/23 - 12	2/31/23			Co	mplete
				1/1/24 - 3/	/31/24				
				4/1/24 - 6/	/30/24				
				7/1/24 - 9/	/30/24				
-	arameters (PPS)							outine (RT) p	-
-	ng Point (Sampling Point ID)		Λ	Aonitoring	Period	Collec	tion Perio	d Compli	ance Status
Select f	rom Inventory of Active Sam	pling Points		0/1/23 - 12				Co	mplete
				1/1/24 - 3/					
				4/1/24 - 6/					
				7/1/24 - 9/	/30/24				
Water Syste	em Facility: ENTRY POIN	T (WSF ID: 00	700)						
Nitrate (1	040)						1 r	outine (RT) p	-
-	ng Point (Sampling Point ID)		Λ	Aonitoring	Period	Collec	tion Perio	d Compli	ance Status
ENTRY	POINT (3)		1	0/1/23 - 12	2/31/23			Co	mplete
				1/1/24 - 3/	-				
				4/1/24 - 6/					
				7/1/24 - 9/	/30/24				
Nitrite (10	•							1 routine (R	
-	ng Point (Sampling Point ID)			Aonitoring		Collec	tion Perio		ance Status
ENTRY	POINT (3)			l/1/23 - 12				Co	mplete
				l/1/24 - 12					
			<u></u>	l/1/25 - 12	2/31/25				
		Othe	er Compliance	Schedu	les				
Compliance	Schedule Activity			Du	ie Date		Achieve	d Date	
RESPOND TO	O SANITARY SURVEY			5/1	5/2019				
		Public	Notification Re	equiren	nents				
			Compliance	Notice	Publ	ic Notific	cation	PN Cert	ification
Violation/Si	tuation		Period	Tier	Requir	red Pe	erformed	Due to DPH	Received
Nitrate M&R	R Violation		10/1/10 - 12/31/10	2	4/16/20	011	-	4/26/2011	
	Wate	er System Fa	acility and Sam	npling P	oint In	vento	ory		
Water			-			Total	Lead ar	nd	
	Vater System Facility	Sampling P	oint Sampling Poin	t		Coliforn			Stage
Facility ID		ID	Description		Status	Rule		er Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	А	Y			
		DOWNSTR	EAM WITHIN 5 SERV	/ICE CON	А				
		UPSTREA	M WITHIN 5 SERV	/ICE CON	А				
00700 E	NTRY POINT	3	ENTRY POINT		А				

С	onnectic	ut Depa	rtme	nt of	f Public	Heal	th	Dı	rinkir	ıg '	Wate	r Se	ectior	1	
	Wat	ter Qua	lity M	onit	oring a	nd Co	om	ıpl	iance	So	chedu	ıle			
PWS ID PV	VS Name							Clas	sificatio	n P	opulatio	n Ow	ner Type	e Pr	rimary Source
СТ0400024 95	SPOONVILLE	ROAD - EAST	GRANB	(NC		29		Р		GW
Local Address (whe	ere applicable)				Service	Resi	den	tial	Comme	rcial	Indus	trial	Combin	ed	Agricultural
					Connectio	ns			2						
Towns Served: EAS	T GRANBY														
		Water Sy	ystem	Facili	ity and S	Sampli	ng	Ро	int Inv	en	tory				
Water System Water S Facility ID	ystem Facility		Sampling ID		Sampling Descriptio					Tot olifc Ru	orm Co	d and pper le Tiei		os	Stage WQP 2 DBPR
20719 WELL			2		WELL				А						
				Con	tact Info	ormati	on								
Name				0	rganization								Job Tit	le	
Mr. George F. Cast	ro			C/	/O Liquor Ca	abinet					Owner				
Mailing Address Lir	ne One		Mailing /	Addres	s Line Two						City		State		Zip Code
54 Rainbow Road									East	Gra	nby		СТ		06026
Business Phone	Extension	Fax		Mobi	ile Phone	Emerge	ency	Pho	ne Emai	l Ad	dress				
860-644-6088		860-653-3	3141												
Contact Role(s): A	dministrative	Contact, Leg	al Contac	t, Owr	ner										
Name				O	rganization								Job Tit	le	
Ms. Maria P. Castr	0			95	5 Spoonville	Road								1	
Mailing Address Lir	ne One		Mailing <i>I</i>	Addres	s Line Two						City		State		Zip Code
65 Collins Crossing						1			Sout	h W	indsor		СТ		06074
Business Phone	Extension	Fax		Mobi	ile Phone	Emerge	ency	Pho	ne Emai	l Ad	dress				
860-644-6088															
Contact Role(s): O	wner														
Please note the fol		ration must b	e measure	ed at the	e same locati	ion and tir	ne a	s ead	ch total co	lifor	m sample	e.			

If a Collection Period is specified, all water quality samples must be collected during the specified period. 2.

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

	Connecticut Departm	ont of Public L	loolth I	rinki	ng	Nator S	action	
	Water Quality				0			
PWS ID	PWS Name	monitor nig an					wner Type P	rimary Source
CT0400034	20 COPPER HILL ROAD			NC		25	P	GW
	where applicable)	Service	Residentia	-	ercial	Industrial	Combined	-
		Connections		1		industrial	combined	, griouroura
Towns Served:	EAST GRANBY							
		Monitoring Requ	uirement	ts				
Water System	n Facility: DISTRIBUTION SYSTEM	1 (WSF ID: 00600)						
Total Colifor	. ,					1	routine (RT)	•
	Point (Sampling Point ID)		Monitoring		Coll	ection Perio	d Compli	ance Status
Select from	m Inventory of Active Sampling Points		11/1/23 - 1					
			12/1/23 - 12					
			4/1/24 - 4/					
			5/1/24 - 5/					
			6/1/24 - 6/ 7/1/24 - 7/					
			8/1/24 - 7/					
			9/1/24 - 9/					
			10/1/24 - 10					
Physical Para	ameters (PPS)					1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring	Period	Coll	ection Perio	d Compli	ance Status
Select from	m Inventory of Active Sampling Points	5	11/1/23 - 12	1/30/23				
			12/1/23 - 12	2/31/23				
			4/1/24 - 4/	-				
			5/1/24 - 5,					
			6/1/24 - 6,					
			7/1/24 - 7/					
			8/1/24 - 8/					
			9/1/24 - 9/ 10/1/24 - 10					
Water System	Facility: ENTRY POINT (WSF ID		10/1/24 - 10	0/51/24				
Nitrate (104						1 r	outine (RT)	ner quarter
•	Point (Sampling Point ID)		Monitoring	n Period	Coll	ection Perio		ance Status
ENTRY PO			10/1/23 - 12					
			4/1/24 - 6/	/30/24				
			7/1/24 - 9,	/30/24				
Nitrite (1041	L)						1 routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitoring	Period	Coll	ection Perio		ance Status
ENTRY PO	INT (3)		1/1/23 - 12					mplete
			1/1/24 - 12				Со	mplete
			1/1/25 - 12	· ·				
		ther Compliance						
-	hedule Activity			ie Date		Achieve	d Date	
SEASONAL STA	RT UP COMPLETION			1/2024				
	Pub	lic Notification F	Requiren	-				
Violation/Situd	ation	Compliance Period	Notice Tier	<u>Publ</u> Requir		<u>fication</u> Performed	<u>PN Cert</u> Due to DPH	ification Received
		·····				lablaar it i		

PWS ID	PWS Name						Cla	assifi	cation I	Popu	lation	Owr	ner Type	Primary Sour
СТ0400034	20 COPPER HILL	ROAD						N			5		P	GW
Local Address (w	here applicable)				Service	R	esidential	Со	mmercia	l In	dustria	al	Combine	d Agricultur
					Connectio	ns			1					
Towns Served: E	AST GRANBY													
			Public	Not	ification	ו Re	quirem	ent	ts					
				1	ompliance		Notice		ublic No	tifica	ition		PN Ce	rtification
Violation/Situat	ion				Period		Tier		quired	_	forme	d D	ue to DP	
REVISED TOTAL	COLIFORM RULE	(RTCR) TT Vio	lation	7/22/	/23 - 10/27/	/23	2	11/1	2/2023		-	1	1/22/202	3
Total Coliform N	1&R Violation			7/1/	/23 - 7/31/2	23	3	9/2	8/2024			1	.0/8/2024	ŀ
		Water Sy	stem l	acili	ty and S	Sam	pling Po	oint	t Inver	ntor	ſy			
Water		-			-				То	tal	Lead	and		
System Wate	r System Facility	S	ampling	Point	Sampling I				Colif	orm	Сор	ber		Stag
Facility ID			ID		Description	n		Sta	tus Rι	ıle	Rule	Tier	Asbesto	s WQP 2 DB
00600 DISTR	BUTION SYSTEM	1	4		DISTRIBUT	ION S	YSTEM	A	۰ ۲	ſ				
		[WITHIN 5 S			A	4					
			UPSTRE	AM	WITHIN 5 S	SERVI	CE CON	A	\					
00700 ENTR	Y POINT		3		ENTRY POI	INT		A	۸					
20720 WELL			2		WELL			A	\					
56365 TREA	TMENT PLANT													
				Con	tact Info	orm	ation							
Name				Or	ganization								Job Title	
Mr. Paul Banks				20	Copper Hil	ll Roa	d, LLC			Ow	ner			
Mailing Address	Line One		Mailing A	ddress	5 Line Two					Ci	ty		State	Zip Code
80 Wheeler Driv	e								West Su	ıffield	b		СТ	06093
Business Phon	e Extension	Fax		Mobi	le Phone	Eme	rgency Ph	one	Email A	ddres	SS			
860-844-8280)								pbanks(@cop	perhil	lgolf.	com	
Contact Role(s):	Administrative	Contact, Lega	al Contac	t, Own	er									
Name				Or	ganization								Job Title	
20 Copper Hill R														
Mailing Address			Mailing A	ddress	Line Two					Ci	ty		State	Zip Code
20 Copper Hill R									East Gra				СТ	06026
Business Phon	e Extension	Fax		Mobi	le Phone	Eme	rgency Ph	one	Email A	ddres	SS			
l														

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

Co	nnectic	ut Dena	rtment	of Public	: Health D	rin	hing	Wat	er Se	oction	
CO		•					0			CHOIT	
		ter Qua		ntoring a	and Comp						riman Causa
	S Name RTFORD GUN			SF	Cl	assiti N		opulat 25	LION UW	P	rimary Sourc GW
Local Address (where				Service	Residentia		mmercial		ustrial	Combined	
157 SOUTH MAIN ST				Connectio			1	mut		Combined	Agricultura
Towns Served: EAST							Ŧ				
			Mor	nitoring Re	quirement	c					
Water System Faci	ility: DISTR				.quirement	<u> </u>	_		_	_	
Total Coliform (3						_			1 roı	utine (RT)	per quarter
Sampling Point	•	oint ID)			Monitoring	Perio	od Col	llectio	n Period		iance Status
Select from Inv			Points		10/1/23 - 12						omplete
					1/1/24 - 3/						mplete
					4/1/24 - 6/						
					7/1/24 - 9/	-					
Physical Parameter	ers (PPS)								1 rou	utine (RT)	per quarter
Sampling Point	(Sampling P	oint ID)			Monitoring	Perio	od Col	llectio	n Period	Compl	iance Status
Select from Inv	entory of Act	ive Sampling	Points		10/1/23 - 12	/31/	23			Co	omplete
					1/1/24 - 3/	31/2	4			Co	omplete
					4/1/24 - 6/	30/2	4				
					7/1/24 - 9/	30/2	4				
Water System Faci	ility: ENTR	Y POINT (W	/SF ID: 0070	00)							
Nitrate And Nitrit									1	routine (I	RT) per year
Sampling Point	: (Sampling P	oint ID)			Monitoring			llectio	n Period	Compl	iance Status
ENTRY POINT (3	3)				1/1/23 - 12,						omplete
					1/1/24 - 12,					Co	omplete
					1/1/25 - 12,		25				
			Other	Complian	ice Schedul	es					
Compliance Schedul	e Activity				Due	e Dat	te	A	chieved	Date	
RESPOND TO SANITA	ARY SURVEY				11/1	.8/20)18				
		Water Sy	/stem Fa	cility and S	Sampling Po	oint	t Inven	tory			
Water							Tot		ead and		
System Water Sy Facility ID	stem Facility		Sampling Po ID	int Sampling Descriptio			Colife		Copper	Achastas	Stage WQP 2 DBP
		1				Sta	ius .		kule Hei	ASDESIUS	WQP 2 DDP
UUOUU DISTRIBU	TION SYSTEM	1		AM WITHIN 5	FION SYSTEM	Д Д					
			UPSTREAM		SERVICE CON	A					
00700 ENTRY PC	NNT		3	ENTRY PO		А Д					
20726 CLUB HO			2	WELL #1	1111	- А					
				ontact Info	ormation	-					
Namo					ormation					Job Title	
Name Mr. Mike Ganis				Organization Hartford Gun	Club			Mana	σer	100 1116	
Mailing Address Line	One		Mailing Add	ress Line Two				City	-	State	Zip Code
157 South Main Stre			Auu				East Gra			CT	06026
Business Phone	Extension	Fax	М	obile Phone	Emergency Ph	IONE	-	-			00020
860-658-1614	Extension	Tax	111	oblic i none	860-670-58		hgc1884		il.com		
Contact Role(s): Ad	ministrative	Contact						C 5110			

Connecticut Department of Public Health Drinking Water Section Water Ouality Monitoring and Compliance Schedule

PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0400104	HARTFORD GUN C	LUB - MA	IN CLUB HOUS	Ε			NC	25	Р	GW
Local Address (w	here applicable)			Service	Resid	ential	Commerc	ial Industr	ial Combine	ed Agricultura
157 SOUTH MAIN	I STREET			Connecti	ons		1			
Towns Served: E	AST GRANBY				i					'
Name				Organizatior	า				Job Titl	e
Mr. Greg Maglie	ri			Hartford Gu	n Club			President	:	
Mailing Address	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
157 South Main S	Street						East G	ranby	СТ	06026
Business Phone	e Extension	Fax	Mo	bile Phone	Emergen	icy Pho	ne Email	Address		
860-658-1614							hgc18	84@gmail.co	om	
Contact Role(s):	Legal Contact		·		1					
Please note the	ollowing:									
1 The next due to the	cinfoctant concontra				بمرتد اومرم مرماند					

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

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

PWS Name	Water Quality Moni	tornig all						
	د د	0	u dom			Population C		rimary Sourc
	GATE PRISON & COPPER MINE			Club	NC	50	P	GW
		Service	Residen	tial	Commercia		Combined	-
				crui		industrial		, Britancar
	3Y				-			
		toring Real	uiromo	ntc				
Facility:				1103				
(3100)		•		_		1	routine (RT)	per montl
oint (Samp	ling Point ID)		Monitori	ng P	eriod Co	llection Perio	od Compl	iance Status
Inventory	of Active Sampling Points		5/1/24 -	5/3	1/24			
			6/1/24 -	6/30	0/24			
			7/1/24 -	7/3	1/24			
			9/1/24 -	9/30	0/24			
			10/1/24 -	10/3	31/24			
-	•						• •	
				-		llection Perio	od Compl	iance Status
Inventory	of Active Sampling Points				-			
					-			
				-	-			
					-			
Ta atlian of t			10/1/24 -	10/3	31/24			
	-	<i>י</i> ן					1	
-	-		Monitori	na D	oriod Co	laction Darie		
				_		mection Peric	-	
11 (3)							U	omplete
			Level IV	/lon	litoring	Requirem	ients	
-aciiity: E			0.00	tire	a Lineit		Comples D	og /Month
		nary rype)	-		-		-	-
1/1/2022		Compli						
+/ 1/ 2022		-		-		-		-
						npliance Stat	us: Compile	ince Status
				-				
				-				
	Other (
dule Activ						Achieve	ed Date	
						, terrieve		
THE DEPAR								
MINATION			1.	1/10	/2021			
	OAD AST GRANE Facility: I (3100) Dint (Samp Inventory Inventory Facility: I trite (NO Dint (Samp Inventory IT (3) Mon Facility: E	AST GRANBY Moni Facility: DISTRIBUTION SYSTEM (WSF (3100) Dint (Sampling Point ID) Inventory of Active Sampling Points Deters (PPS) Dint (Sampling Point ID) Inventory of Active Sampling Points Facility: ENTRY POINT (WSF ID: 00700) trite (NOX) Dint (Sampling Point ID) IT (3) Monthly Water System Fac Facility: ENTRY POINT (WSFID: 00700) Monitoring Requirement (Summ Entry Point RDC (EPRD) 4/1/2022 Other (Dother (Dother (OAD Connections AST GRANBY Monitoring Require Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) (3100) Distribution System (WSF ID: 00600) (3100) Distribution System (WSF ID: 00600) Deters (PPS) Distribution System Facility Deters (PPS) Distribution (Sampling Point ID) Inventory of Active Sampling Points Distribution (WSF ID: 00700) Trite (NOX) Distribution (Sampling Point ID) IT (3) Monthly Water System Facility (WSF) Facility: ENTRY POINT (WSFID: 00700) Monthly Water System Facility (WSF) Entry Point RDC (EPRD) 4/1/2022 Compliance 11/1/202 1/1/202 2/1/202 3/1/202 Other Compliance Itel DEPARTMENT	OAD Connections AST GRANBY Monitoring Requiremee Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) (3100) Monitori bint (Sampling Point ID) Monitori Inventory of Active Sampling Points 5/1/24 6/1/24 6/1/24 7/1/24 8/1/24 9/1/24 10/1/24 10/1/24 8/1/24 9/1/24 6/1/24 10/1/24 8/1/24 9/1/24 6/1/24 10/1/24 6/1/24 9/1/24 10/1/24 10/1/24 8/1/24 9/1/24 10/1/24 10/1/24 8/1/24 9/1/24 10/1/24 10/1/24 10/1/24 10/1/24 10/1/24 10/1/24 10/1/24 11/1/24 1/1/23 11/1/24 1/1/23 11/1/24 1/1/23 11/1/24 1/1/23 11/1/24 1/1/23 11/1/2024 1/1/24 11/1/2024	DAD Connections AST GRANBY Monitoring Requirements Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) (3100) Monitoring P Inventory of Active Sampling Points 5/1/24 - 5/3 6/1/24 - 6/3 7/1/24 - 7/3 8/1/24 - 8/3 9/1/24 - 9/3 10/1/24 - 10/3 8/1/24 - 8/3 9/1/24 - 9/33 10/1/24 - 10/3 heters (PPS) Monitoring P Inventory of Active Sampling Points 5/1/24 - 5/3 6/1/24 - 6/33 10/1/24 - 10/3 Inventory of Active Sampling Points 5/1/24 - 5/3 6/1/24 - 6/33 10/1/24 - 10/3 Inventory of Active Sampling Points 5/1/24 - 5/3 6/1/24 - 6/33 10/1/24 - 10/3 Inventory of Active Sampling Points 5/1/24 - 5/3 6/1/24 - 6/33 10/1/24 - 10/3 Inventory of Active Sampling Point ID Monitoring P Inventory of Active Sampling Point ID Monitoring P It (Sampling Point ID) Monitoring P It (J23 - 11/201 1/1/201 It (Sampling Point ID) Monitoring P	OAD Connections 1 AST GRANBY Monitoring Requirements 1 AST GRANBY Monitoring Requirements 6 Starting Point ID) Monitoring Period Co Inventory of Active Sampling Points 5/1/24 - 5/31/24 6/1/24 - 6/30/24 6/1/24 - 6/30/24 7/1/24 - 7/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 10/1/24 - 10/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 6/1/24 - 6/30/24 10/1/24 - 10/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 10/1/24 - 1/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 Scility: ENTRY POINT (WSF ID: 00700) trite (NOX) Int (Sampling Point ID) Monitoring Period Co IT (3) 1/1/23 - 12/31/23 1/1/24 - 12/31/24 1/1/24 - 12/31/23 IT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monthy Water System Facility (WSF) Level Monitoring I Scality: ENTRY POINT (WSFID: 00700) Minimum: 0.5 MG/I Monitoring Requiremen	OAD Connections 1 AST GRANBY Monitoring Requirements 1 Sati Granburg Image: Connections System (WSF ID: 00600) 1 (3100) 1 1 Inventory of Active Sampling Points 5/1/24 - 5/31/24 Collection Period Inventory of Active Sampling Points 5/1/24 - 5/31/24 Collection Period 9/1/24 - 8/31/24 8/1/24 - 8/31/24 1 10/1/24 - 1/31/24 1 1 10/1/24 - 1/31/24 1 1 10/1/24 - 1/31/24 1 1 10/1/24 - 1/31/24 1 1 10/1/24 - 1/31/24 1 1 10/1/24 - 1/31/24 1 1 10/1/24 - 1/31/24 1 1 10/1/24 - 1/31/24 1 1 10/1/24 - 1/31/24 1 1 11/23 - 1/2/31/23 1 1 11/1/24 - 1/31/24 1 1 11/1/24 - 1/31/24 1 1 11/1/24 - 1/31/24 1 1 11/1/24 - 1/31/24	DAD Connections 1 AST GRANBY Monitoring Requirements Sacility: DISTRIBUTION SYSTEM (WSF ID: 00600) (3100) 1 routine (RT) Daint (Sampling Point ID) Monitoring Period Collection Period Compliance Inventory of Active Sampling Points 5/1/24 - 5/31/24 Collection Period Compliance 10/1/24 - 0/30/24 7/1/24 - 7/31/24 Collection Period Compliance 10/1/24 - 0/30/24 10/1/24 - 0/30/24 Collection Period Compliance 10/1/24 - 0/31/24 10/1/24 - 0/31/24 Collection Period Compliance Inventory of Active Sampling Points 5/1/24 - 6/30/24 Collection Period Compliance Inventory of Active Sampling Points 5/1/24 - 6/30/24 Toutine (RT) Inventory of Active Sampling Points 5/1/24 - 6/30/24 Toutine (RT) Inventory of Active Sampling Points 5/1/24 - 6/30/24 Toutine (RT) Inventory of Active Sampling Points 5/1/24 - 6/30/24 Toutine (RT) Inventory of Active Sampling Points 5/1/24 - 6/30/24 Toutine (RT) Inventory of Active Sampling Points 5/1/24 - 10/31/24 Toutine (RT) <

	Connecticut D	epartment of	Public H	[ealth	Dri	nking	g Wa	ater	Sec	tion	
		Quality Monit				<u> </u>					
PWS ID	PWS Name		0 0							r Type P	rimary Sourc
СТ0400124	4 OLD NEWGATE PRISON	N & COPPER MINE			ſ	NC	5	50		P	GW
Local Addr	ress (where applicable)		Service	Residen	tial C	ommerci	al In	ndustria	I C	ombined	Agricultur
115 NEWG	GATE ROAD		Connections			1					
Towns Ser	ved: EAST GRANBY			·							·
		Other Co	ompliance	Sched	ules						
Compliand	ce Schedule Activity			l	Due Do	nte		Achiev	ed Do	ate	
SEASONAL	START UP COMPLETION			ļ	5/1/20	24					
CROSS COI	NNECTION EXEMPTION			:	3/1/20	26					
		Public Not	ification R	equire	emen	ts					
		C	ompliance	Notice		Public No	otifica	ntion		PN Cer	tification
Violation/			Period	Tier		equired	Per	formed	Du	e to DPH	Received
	arameters M&R Violation		/19 - 8/31/19	3		28/2021			-	7/2021	
Total Colife	orm M&R Violation	8/1/	/19 - 8/31/19	3	1/	28/2021			2/	7/2021	
	Wate	er System Facili	ty and Sar	npling	Poir	t Inve	ntor	ſY			
Water							otal	Lead a			
System	Water System Facility	Sampling Point ID	Sampling Poil	nt			iform	Copp			Stag
Facility ID 00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			utus	lule Y	Rule I	ier A	ASDESTOS	WQP 2 DBF
00600	DISTRIBUTION STSTEIN	4 DOWNSTREAM				A A	Y				
		ONP1	WOMENS SIN		N		Y				
		ONP1 ONP2	WOMENS SIN				Y				
		ONP3	WOMENS SIN				Y				
		ONP4	MEN'S SINK 1			A	Y				
		ONP5	MEN'S SINK 2				Ŷ				
		ONP6	MEN'S SINK 3				Ŷ				
		ONP7	HANDI SINK			A	Y				
		ONP8	OUTSIDE SPIC	KET		A	Y				
		ONPS	MENS #2			А	Y				
		UPSTREAM	WITHIN 5 SER		J	А					
00700	ENTRY POINT	3	ENTRY POINT			A					
20728	WELL	2	WELL			A					
62439	TREATMENT PLANT										
		Con	tact Inform	nation							
Name			ganization						J	ob Title	
	eth Shapiro		ate Historic Pre	eservatio	n		Dire	ector O			
IVIS. EIIZAD	-										
	dress Line One	Mailing Address	s Line Two				Ci	ty		State	Zip Code

Contact Role(s): Legal Contact

Extension

Fax

Business Phone

860-655-1591

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: 4/3/2024

Mobile Phone

Emergency Phone Email Address

morgan.bengal@ct.gov

989-640-2150

Connecticut Department of Public Health Drinking Water Section Water Ouality Monitoring and Compliance Schedule

						r				
PWS ID	PWS Name					Class	fication	Population	Owner Type	Primary Source
СТ0400124	OLD NEWGATE PF	RISON & CO	OPPER MINE				NC	50	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ed Agricultura
115 NEWGATE R	OAD			Connection	S		1			
Towns Served: E	AST GRANBY									I
Name				Organization					Job Titl	е
Ms. Morgan Ben	igel			Old New Gate	/ State F Ct	t		Curator		
Mailing Address	Line One		Mailing Addr	ress Line Two				City	State	Zip Code
P.O. Box 230							East Gr	ranby	СТ	06026
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	y Phon	e Email A	Address		
860-655-1591					989-640	-2150	morgai	n.bengel@c	t.gov	
Contact Role(s):	Administrative C	ontact	I	I.						
Please note the	following									

Please note the following:

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1

2. 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 3. 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.

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	Connecticut Dep Water Ou	•				0	·			ction	
	č	ality Monit	oring an		1					_	
PWS ID	PWS Name										rimary Source
СТ0400143	GALASSO MATERIALS, LLO	C-SALES WELL	c .		N		25			P	GW
	where applicable)		Service Connections	Resident	ial Coi	mmercia	al Ind	dustrial	0	Combined	Agricultural
60 SOUTH MAIN Towns Served:			connections					1			
Towns Served:	EAST GRAINBY		· D	•							
Water System	Facility: DISTRIBUTION		oring Requ	uremen	ITS		_				
Total Coliforn			D. 00000j					1.	out	ino (PT)	per quarter
	Point (Sampling Point ID)			Monitorin	a Peric	nd Cu	ollectio	on Perio			ance Status
	n Inventory of Active Sampl	ing Points		10/1/23 - 1	-				ou		mplete
				1/1/24 - 3							inpiere
				4/1/24 - 6							
				7/1/24 - 9							
Physical Para	meters (PPS)			.,_,_		-		1 r	rout	ine (RT)	per quarter
-	Point (Sampling Point ID)			Monitorin	g Perio	od Co	ollectio	on Perio			ance Status
	n Inventory of Active Sampl	ing Points		10/1/23 - 1	-						mplete
	· · ·	-		1/1/24 - 3							•
				4/1/24 - 6	5/30/24	4					
				7/1/24 - 9	9/30/24	4					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And N	Nitrite (NOX)								1 r	outine (R	T) per year
	Point (Sampling Point ID)			Monitorin	g Perio	od Co	ollectio	on Perio	od	Compli	ance Status
ENTRY POI	INT (3)			1/1/23 - 1	2/31/2	23				Со	mplete
				1/1/24 - 1	2/31/2	24					
				1/1/25 - 1	2/31/2	25					
Water System	Facility: SALES WELL (WSF ID: 10956)									
E. Coli (3014))							1 r	rout	ine (RT)	per quarter
Sampling I	Point (Sampling Point ID)			Monitorin	g Peric	od Co	ollectio	on Perio	od	Compli	ance Status
SALES WEI	LL (2)			10/1/23 - 2	12/31/2	23				Со	mplete
				1/1/24 - 3	3/31/24	4					
				4/1/24 - 6	5/30/24	4					
				7/1/24 - 9	9/30/24	4					
		Other Co	ompliance	Schedu	ules						
Compliance Sch	nedule Activity			D	ue Dat	te		Achieve	ed D	ate	
CROSS CONNEC	TION EXEMPTION			3,	/1/202	.7					
	Water	System Facili	ity and Sar	npling I	Point	t Inve	ntor	y			
Water								Lead a	nd		
	er System Facility	Sampling Point		nt		-	form	Сорре			Stage
Facility ID		ID	Description		Sta	lus	ule	Rule T	ier .	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	3	GENERATED E	-	А		Y				
		4	DISTRIBUTION		А		Y				
		DOWNSTREAM			А						
		UPSTREAM	WITHIN 5 SER		Α						
	RY POINT	3	ENTRY POINT		A						
10956 SALE	ES WELL	2	SALES WELL		A	4					

(Connectic	ut Depa	rtment	of Public	Health	Drii	nking	Water	Sec	tion	
	Wa	ter Qua	lity Mon	nitoring a	ind Con	nplia	nce S	chedu	le		
PWS ID F	WS Name					Classif	ication	Population	Owne	er Type	Primary Source
СТ0400143	GALASSO MATE	RIALS, LLC-S	ALES WELL			Ν	IC	25		Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	ommercia	al Industri	al C	ombine	ed Agricultural
60 SOUTH MAIN S	STREET			Connectio	ns			1			
Towns Served: EA	ST GRANBY				÷	·			·		
			C	ontact Info	ormatior	ו					
Name				Organization						Job Title	5
Galasso Material	s, LLC										
Mailing Address L			Mailing Add	ress Line Two				City		State	Zip Code
60 South Main St	reet		P O Box 177	6			East Gr	anby		СТ	06026
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	ddress			
860-653-2524											
Contact Role(s):	Owner										
Name				Organization						Job Title	5
Mr. Leigh Turner				Galasso Mate	erials			Safety Ma	anager		
Mailing Address L	ine One		Mailing Add	ress Line Two				City		State	Zip Code
60 South Main St	reet						East Gr	anby		СТ	06026
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	ddress			
860-653-2524	3222						LTurnei	rjr@galasso	mater	ials.con	า
Contact Role(s):	Administrative	Contact						1			
Name				Organization						Job Title	2
Mr. Craig Timpso	n		1								
Mailing Address L	ine One		Mailing Add	ress Line Two				City		State	Zip Code
60 South Main St							East Gr	anby		СТ	06026
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	ddress			
860-653-2524	3202										
Contact Role(s):	-										
Please note the f	ollowing:										
1. The residual dis	infectant concent	tration must b	e measured at	the same locati	on and time a	as each t	otal colifo	orm 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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Connectic	ut Departm	ent of	Public	Health D)rin	king	Water	Sec	rtion	
	-					0				
	ter Quality	Monito	oring af							
PWS ID PWS Name				C						rimary Source
	RIALS, LLC-GARAGI	WELL	c ·	D . 1	NC	-	25		P	GW
Local Address (where applicable)			Service Connection	Residentia	al Cor	mmercial	Industri	al C	Combined	Agricultura
60 SOUTH MAIN STREET			connection	5			1			
Towns Served: EAST GRANBY			• -	•	_					
		Monito	oring Req	uirement	ts					
Water System Facility: DISTR	RIBUTION SYSTEM	1 (WSF ID	D: 00600)							
Total Coliform (3100)							1	l rout		per quarter
Sampling Point (Sampling P				Monitoring			lection Pe	riod		ance Status
Select from Inventory of Act	ive Sampling Points			10/1/23 - 12					Co	mplete
				1/1/24 - 3/	-					
				4/1/24 - 6/	-					
				7/1/24 - 9/	/30/24	1				
Physical Parameters (PPS)										per quarter
Sampling Point (Sampling P				Monitoring			lection Pe	riod		ance Status
Select from Inventory of Act	ive Sampling Points			10/1/23 - 12					Cc	mplete
				1/1/24 - 3/						
				4/1/24 - 6/						
				7/1/24 - 9/	/30/24	4				
Water System Facility: ENTR	Y POINT (WSF ID	: 00700)								
Nitrate And Nitrite (NOX)								1 re	-	RT) per year
Sampling Point (Sampling P	oint ID)			Monitoring			lection Pe	riod		ance Status
ENTRY POINT (3)				1/1/23 - 12					Co	mplete
				1/1/24 - 12						
				1/1/25 - 12		5				
	C	ther Co	omplianc	e Schedu	les					
Compliance Schedule Activity				Du	e Dat	е	Achie	eved D	ate	
CROSS CONNECTION EXEMPTION	I			3/2	1/202	7				
	Water Syster	n Facilit	ty and Sa	ampling P	oint	Inven	tory			
Water	•		•			Toto	-	and		
System Water System Facility	Sampl	-	Sampling Po	oint		Colifo	rm Cop	per		Stage
Facility ID		ID	Description		Stat	tus Rul	e Rule	Tier /	Asbestos	WQP 2 DBP
00600 DISTRIBUTION SYSTEM	1	4	DISTRIBUTIC	ON SYSTEM	A	Y Y				
	DOW	ISTREAM	WITHIN 5 SE	RVICE CON	A	,				
	-		VAUTURE CE							
		TREAM	WITHIN 5 SE	RVICE CON	A	L Contraction of the second seco				
00700 ENTRY POINT			ENTRY POIN		A A					
00700 ENTRY POINT 10957 GARAGE WELL		3		IT						
		3 2	ENTRY POIN	IT ELL	A					
		3 2 Cont	ENTRY POIN GARAGE WE	IT ELL	A				Job Title	
10957 GARAGE WELL		3 2 Cont	ENTRY POIN GARAGE WE tact Info	IT ELL	A				Job Title	
10957 GARAGE WELL Name	UPS	3 2 Cont	ENTRY POIN GARAGE WE tact Infor ganization	IT ELL	A		City		Job Title State	Zip Code
10957 GARAGE WELL Name Galasso Materials, LLC	UPS	3 2 Cont	ENTRY POIN GARAGE WE tact Infor ganization	IT ELL	A				1	Zip Code 06026
10957 GARAGE WELL Name Galasso Materials, LLC Mailing Address Line One	UPS	3 2 Cont or g Address ox 1776	ENTRY POIN GARAGE WE tact Infoi ganization Line Two	IT ELL	A	East Grar	nby		State	
10957 GARAGE WELL Name Galasso Materials, LLC Mailing Address Line One 60 South Main Street	UPS Mailir P O Bu	3 2 Cont or g Address ox 1776	ENTRY POIN GARAGE WE tact Infoi ganization Line Two	rmation	A	East Grar	nby		State	

Connecticut Department of Public Health Drinking Water Section Water Ouality Monitoring and Compliance Schedule

				0		P-					1
PWS ID	PWS Name			Classification		Population	Owner T	ype	Primary Sourc		
СТ0400153	GALASSO MATE	N			NC	25	Р		GW		
Local Address (where applicable)				Service Connections		Residential	Commerc	ial Industr	ial Com	nbine	d Agricultura
60 SOUTH MAIN STREET								1			
Towns Served: E	AST GRANBY				·						
Name				Organization				Job Title			
Mr. Leigh Turner				Galasso Mat	terials		Safety Manager				
Mailing Address Line One Mailing Addr				ess Line Two)			City			Zip Code
60 South Main Street							East G	East Granby			06026
Business Phon	e Extension	Fax	Mo	bile Phone	Em	ergency Pho	one Email	nail Address			
860-653-2524	3222			LTurnerjr@galassomaterials.com							
Contact Role(s):	Administrative	Contact, Le	gal 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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	Connecticut Dep Water Ou		of Public H itoring and		0			
PWS ID	PWS Name		and and and			Population O		imary Source
CT0408024	EAST GRANBY FARMS				NC	27	L	GW
	/here applicable)		Service	Residentia			Combined	Agricultural
79 NORTH MAIN			Connections		3			
Towns Served: E	AST GRANBY							
		Mon	itoring Requ	irement	ts			
Water System	Facility: DISTRIBUTION							
Total Coliform						1 r	outine (RT)	per quarter
	oint (Sampling Point ID)			Monitoring	Period C	ollection Perio		ance Status
	Inventory of Active Sampli	ng Points		4/1/24 - 6				
	· · ·			7/1/24 - 9				
Physical Parar	neters (PPS)					1 r	outine (RT)	per quarter
-	oint (Sampling Point ID)			Monitoring	Period C	ollection Perio		ance Status
Select from	Inventory of Active Sampli	ng Points		4/1/24 - 6,	/30/24			
				7/1/24 - 9,	/30/24			
Water System	Facility: ENTRY POINT	(WSF ID: 0070	0)					
Nitrate (1040)					1 r	ן (RT) outine	per quarter
Sampling P	oint (Sampling Point ID)			Monitoring	Period C	ollection Perio	d Compli	ance Status
ENTRY POI	NT (3)			4/1/24 - 6,	/30/24			
				7/1/24 - 9,	/30/24			
Nitrite (1041))						1 routine (R	T) per year
Sampling P	oint (Sampling Point ID)			Monitoring		ollection Perio		ance Status
ENTRY POIN	NT (3)			1/1/23 - 12			Со	mplete
				1/1/24 - 12				
				1/1/25 - 12	2/31/25			
		Public N	otification R	equiren	nents			
			Compliance	Notice	Public N	otification	<u>PN Cert</u>	i <u>fication</u>
Violation/Situat	ion		Period	Tier	Required	Performed	Due to DPH	Received
Nitrate M&R Vio			/1/22 - 9/30/22	3	12/13/2023		12/23/2023	
	ters M&R Violation		/1/22 - 6/30/22	3	12/13/2023		12/23/2023	
Total Coliform N			/1/22 - 6/30/22	3	12/13/2023		12/23/2023	
Nitrate M&R Vio			/1/22 - 6/30/22	3	12/13/2023		12/23/2023	
Nitrate M&R Vio	lation	7	/1/23 - 9/30/23	3	12/26/2024		1/5/2025	
	Water	System Fac	cility and San	npling P	oint Inve	ntory		
Water					Тс	otal Lead ar	nd	
	er System Facility		nt Sampling Poir	nt		form Coppe		Stage
Facility ID		ID	Description		Stutus	ule Rule Ti	er Asbestos	WQP 2 DBPK
00600 DISTR	RIBUTION SYSTEM	4	DISTRIBUTION		A			
			M WITHIN 5 SER		A			
00700 5175	VIDOINIT	UPSTREAM		VICE CON	A			
	Y POINT	3	ENTRY POINT		A			
52861 WELL	. 1	2	WELL 1		A			
		C	ontact Inforr	nation				
Name			Organization				Job Title	
Mr. Raymond W			East Granby Tow	nhall	I	Facilities Su	perviso	
Mailing Address	Line One	Mailing Add	ess Line Two			City	State	Zip Code
D O Roy 1858 NOTE: This informat	ion has been provided to help ow	ners and operators	of public water syste	ms maintain d	Eact Gr compliance with	anhy drinking water q	uality monitoring	negairements.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source PWS ID PWS Name СТ0408024 EAST GRANBY FARMS NC 27 L GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 79 NORTH MAIN STREET 3 Towns Served: EAST GRANBY .U. DUX 1030 Last Granby υī 00200 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address rayc@egtownhall.com 860-653-6822 317 860-653-6815 413-685-5024 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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Connec	ticut Department	of Public H	lealth [Drinkii	ng V	Vater	Sec	ction			
I	Nater Quality Mon	nitoring an	d Comr	oliance	e Scł	nedule	2				
PWS ID PWS Name		Classification Population Owner Type Primary Source NC 35 P GW									
	/INEYARDS, LLC										
Local Address (where applica		Service	Residentia		ercial	Industria		Combined	Agricultural		
103 HARTFORD AVE	/	Connections		1					0		
Towns Served: EAST GRANB	1										
	Mon	itoring Requ	irement	tc							
Water System Facility: D	ISTRIBUTION SYSTEM (WS										
Total Coliform (3100)						1	rou	tine (RT)	per month		
Sampling Point (Sampli	ing Point ID)		Monitoring	Period	Colle	ction Peri	iod	Compli	ance Status		
Select from Inventory o	f Active Sampling Points		1/30/23								
			12/1/23 - 12	2/31/23	Comple				mplete		
			1/1/24 - 1/	/31/24				Complete			
			/29/24				Со	mplete			
			3/1/24 - 3/	/31/24							
		4/1/24 - 4/30/24 5/1/24 - 5/31/24									
			6/1/24 - 6/	/30/24							
		7/1/24 - 7/31/24									
			8/1/24 - 8/31/24								
			9/1/24 - 9/	/30/24							
			10/1/24 - 10	0/31/24							
Physical Parameters (PP	S)					1	rou	tine (RT)	per month		
Sampling Point (Sampli	ing Point ID)		Monitoring	Collection Period			Compliance Status				
Select from Inventory o	f Active Sampling Points		11/1/23 - 11/30/23					Со	mplete		
			12/1/23 - 12	2/31/23				Со	mplete		
			1/1/24 - 1/	/31/24				Со	mplete		
			2/1/24 - 2/	/29/24				Со	mplete		
			3/1/24 - 3/	/31/24							
			4/1/24 - 4/	/30/24							
			5/1/24 - 5/	/31/24							
			6/1/24 - 6/	/30/24							
			7/1/24 - 7/	/31/24							
			8/1/24 - 8/								
			9/1/24 - 9/	-	_		_				
			10/1/24 - 10	0/31/24							
Water System Facility: El	NTRY POINT (WSF ID: 0070	00)									
Nitrate (1040)						1	rout	ine (RT)	per quarter		
Sampling Point (Sampli	ing Point ID)		Monitoring	Period	Colle	ction Peri	iod	Compli	ance Status		
ENTRY POINT (3)			10/1/23 - 12	2/31/23				Со	mplete		
			1/1/24 - 3/	/31/24				Co	mplete		
		4/1/24 - 6/30/24									
			7/1/24 - 9/	/30/24							
Nitrite (1041)							1 r	outine (R	T) per year		
Sampling Point (Sampli	ing Point ID)		Monitoring	Period	Colle	ction Peri	iod	Compli	ance Status		
ENTRY POINT (3)			1/1/23 - 12			Complete					
			1/1/24 - 12	/31/24				Co	mplete		
			1/1/25 - 12	/31/25							

	Connecticut	•					0						
	Wate	r Qual	lity M	onitoring a	ind C	Compli	ance S	chedul	e				
PWS ID	PWS Name					Class	ification I	Population	Owner Type	Primary Sourc			
СТ0408034	BRIGNOLE VINEYA	RDS, LLC					NC	35	Р	GW			
Local Address (v	where applicable)			Service	Res	sidential (Commercia	l Industria	al Combine	d Agricultura			
103 HARTFORD	AVE		Connectio	ons		1							
Towns Served:	EAST GRANBY					·		·		·			
			Oth	ner Complian	ce Sc	hedules	5						
Compliance Schedule Activity					Due Date Achieved Date								
RESPOND TO SA	ANITARY SURVEY			6/4/2021									
			Public	c Notificatior	n Req	uireme	nts						
				Compliance	N	lotice	Public No	tification	PN Ce	<u>rtification</u>			
Violation/Situa	tion			Period		Tier F	Required	Performe	d Due to DP	H Received			
Total Coliform M&R Violation				10/1/16 - 12/31/	/16	3 4,	/13/2018		4/23/2018	3			
Physical Parame	eters M&R Violation			10/1/16 - 12/31,	/16	3 4,	/13/2018		4/23/2018	3			
	Ν	ater Sy	stem	Facility and S	Sampl	ling Poi	nt Inver	ntory					
Water						Total Lead and							
-,	er System Facility	9	Sampling	Point Sampling			Colif	orm Copp		Stage			
Facility ID			ID	Descriptio	n	S	tatus Rι	ile Rule	Tier Asbesto	s WQP 2 DBP			
00600 DIST	RIBUTION SYSTEM		4	DISTRIBUT	ION SYS	STEM	А						
00700 ENT	RY POINT		3	ENTRY PO	INT		А						
60189 WEL	L #1		2	WELL #1			Α						
				Contact Info	ormat	tion							
Name				Organization					Job Title	1			
Ms. Ariel Sheel	an			Brignole Vineyards, LLC				Manager					
Mailing Address	s Line One		Mailing A	Address Line Two				City	State	Zip Code			
103 Hartford Av	/e.						East Granby CT 06						
Business Pho	ne Extension	Fax		Mobile Phone Emergency Phone Email Address									
				860-202-4314			brignole	evineyardsll	c@gmail.com				
Contact Role(s)	Administrative Co	ntact											
Name				Organization			Job Title						
Mr. Timothy Brignole Brignole Viney					yards, L	LC	Owner						
Mailing Address			Mailing A	Address Line Two				City	State	Zip Code			
117 Peak Moun							East Gra	•	СТ	06026			
Business Pho		Fax		Mobile Phone	Emerg	gency Phon							
860-202-054							brignole	evineyardsll	c@gmail.com				
	Legal Contact, Ow	ner											
Please note the	•							_					
 The residual. 	disinfectant concentrat	ion must h	o moocura	d at the came locati	ion and t	umo as oach	total colifo	rm complo					

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

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.

End of schedule

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