

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0560282 | KELLY LANE PRIMARY SCHOOL | NTNC | 357 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 60 KELLY LANE | | | | 1 | | | |

Towns Served: GRANBY

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 | 1/1/20 - 12/31/28 | | |

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 | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Lead And Copper (PBCU) 5 routine (RT) per three 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 | 1/1/21 - 12/31/23 | 6/1-9/30 | Complete |
| | 1/1/24 - 12/31/26 | 6/1-9/30 | |
| | 1/1/27 - 12/31/29 | 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 | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

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) | 1/1/21 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/26 | | |
| | 1/1/27 - 12/31/29 | | |

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) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |

Pesticides, Herbicides and PCBs - Phase II & V (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 | | |
| | 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) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |

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 | | |
| CT0560282 | KELLY LANE PRIMARY SCHOOL | NTNC | 357 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 60 KELLY LANE | | | | 1 | | | |

Towns Served: GRANBY

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|---|------------|---------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2011 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2014 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2017 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2023 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total | Lead and Copper | | Stage | |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------|-----------------|----------|------------|--|
| | | | | | Coliform Rule | Rule Tier | Asbestos | WQP 2 DBPR | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | BR1 | BOYS ROOM 1 | A | | N | | | |
| | | DF1 | DRINKING FAUCET 1 | A | | N | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| | | GR1 | GIRLS ROOM 1 | A | | N | | | |
| | | K1 | KITCHEN FAUCET 1 | A | Y | N | Y | Y | |
| | | K2 | KITCHEN FAUCET 2 | A | | N | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 52565 | WEST WELL #1 | 2 | WEST WELL #1 | A | | | | | |
| 52567 | EAST WELL #2 | 2 | EAST WELL #2 | A | | | | | |
| 52569 | ATMOSPHERIC TANK | | | | | | | | |
| 52571 | PRESSURE TANK | | | | | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-------------------|----------------|--|--------------------------|
| CHOUINARD, THOMAS | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 12/31/2026 |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|--------------------------|------------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Ms. Cheri Burke | | | Granby Public Schools | | | Superintendent O | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 15-B North Granby Road | | | | | | Granby | CT | 06035 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-844-5260 | | | | | burkec@granbyschools.org | | | |

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

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

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

| | | | | | | | | |
|---------------------------------------|----------------------------------|---------------------|--------------------------|-----------------|----------------------|--------------|--------------|----------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT0560282 | KELLY LANE PRIMARY SCHOOL | NTNC | 357 | L | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 60 KELLY LANE | | | | 1 | | | | |
| Towns Served: GRANBY | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Mike Walsh | | | Town of Granby | | | Town Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 15 North Granby Road | | | | | | Granby | CT | 06035 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-844-5300 | | | | | mwalsh@granby-ct.gov | | | |
| 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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0560372 | WELLS ROAD INTERMEDIATE SCHOOL | NTNC | 405 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 134 WELLS ROAD | | | 1 | | | | |

Towns Served: GRANBY

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 | 1/1/20 - 12/31/28 | | | | |
| 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 | 1/1/24 - 3/31/24 | | Complete | | |
| | 4/1/24 - 6/30/24 | | | | |
| | 7/1/24 - 9/30/24 | | | | |
| 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 | 1/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 12/31/24 | | | | |
| | 1/1/25 - 12/31/25 | | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 3/31/24 | | Complete | | |
| | 4/1/24 - 6/30/24 | | | | |
| | 7/1/24 - 9/30/24 | | | | |
| 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) | 1/1/21 - 12/31/23 | | Complete | | |
| | 1/1/24 - 12/31/26 | | | | |
| | 1/1/27 - 12/31/29 | | | | |
| 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) | 1/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 12/31/24 | | Complete | | |
| | 1/1/25 - 12/31/25 | | | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | | 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 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | | 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 | | | | |
| | 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> | | |

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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 | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0560372 | WELLS ROAD INTERMEDIATE SCHOOL | NTNC | 405 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 134 WELLS ROAD | | | 1 | | | | |

Towns Served: GRANBY

Monitoring Requirements

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

| Organic Chemicals (VOCS) | Monitoring Period | Collection Period | Compliance Status |
|---|-------------------|-------------------|--------------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | | | 1 routine (RT) per year |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSFID: 00600)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|-----------------------------|---------------------------------------|---------------------------|---------------------------|
| pH | <spaces> () | Minimum: 7.0 PH | 4 |
| Start Date: 4/1/2018 | Compliance History: | Operating Limit | Monitoring |
| | Monitoring Period | Compliance Status: | Compliance Status: |
| | 11/1/2023 - 11/30/2023 | | |
| | 12/1/2023 - 12/31/2023 | | |
| | 1/1/2024 - 1/31/2024 | | |
| | 2/1/2024 - 2/29/2024 | | |
| | 3/1/2024 - 3/31/2024 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|---|------------|---------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2011 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2012 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | BR2 | BOYS ROOM 2 | A | | N | | |
| | | BRM | BOYS ROOM | A | | N | | |
| | | DF1 | DRINKING FOUNTAIN 1 | A | | N | | |
| | | DF2 | DRINKING FOUNTAIN 2 | A | | N | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | GR2 | GIRLS ROOM 2 | A | | N | | |
| | | GRM | GIRLS ROOM | A | | N | | |
| | | K1 | KITCHEN FAUCET 1 | A | Y | N | Y | |
| | | K2 | KITCHEN FAUCET 2 | A | | N | | |
| | | LAV 1 | LAV FAUCET 1 | A | | N | | |

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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 | | |
|----------------------------------|---------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0560372 | WELLS ROAD INTERMEDIATE SCHOOL | NTNC | 405 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 134 WELLS ROAD | | | 1 | | | | |
| Towns Served: GRANBY | | | | | | | |

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 |
|--------------------------|--|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | LAV 2 | LAV FAUCET 2 | A | | N | | |
| | | OF1 | OUTSIDE FAUCET 1 | A | | | | |
| | | OF2 | OUTSIDE FAUCET 2 | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 1250 | WELLS ROAD ELEMENTARY TREATMENT SYSTEM | | | | | | | |
| 51152 | WELL 2 | 2 | WELL 2 | A | | | | |
| 51154 | ATMOSPHERIC TANK | | | | | | | |
| 51156 | PRESSURE TANK | | | | | | | |
| 51158 | PUMP STATION | | | | | | | |
| 55351 | WELL #1A | 2 | WELL #1A | A | | | | |

Certified Operator Information

Water System Facility: WELLS ROAD ELEMENTARY TREATMENT SYSTEM (WSF ID: 1250)

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-------------------|----------------|--|--------------------------|
| CHOUINARD, THOMAS | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 12/31/2026 |

Contact Information

| | | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. John D Ward | | Town of Granby | | | Town Manager | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| Granby Town Hall | | 15 North Granby Road | | | Granby | CT | 06035 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-844-5300 | | | | | | | |

Contact Role(s): Legal Contact

| | | | | | | | |
|---------------------------|-----------|--------------------------|--------------|-----------------|-----------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Jordan Grossman | | Granby Public Schools | | | Superintendent | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| Board of Education Office | | 15-B North Granby Road | | | Granby | CT | 06035 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| | | | | | grossmanj@granbyschools.org | | |

Contact Role(s): Administrative Contact

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|---------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0560372 | WELLS ROAD INTERMEDIATE SCHOOL | NTNC | 405 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 134 WELLS ROAD | | | 1 | | | | |

Towns Served: GRANBY

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

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 | | |
| CT0565013 | MONROVIA NURSERIES (FLOYDVILLE) | NTNC | 80 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 41 FLOYDVILLE ROAD | | | 1 | | | | |

Towns Served: GRANBY

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 | 1/1/20 - 12/31/28 | | |

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 | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Lead And Copper (PBCU) 5 routine (RT) per three 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 - 12/31/24 | 6/1-9/30 | |
| | 1/1/25 - 12/31/27 | 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 | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Water System Facility: **ENTRY POINT - Q & CG WELLS (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> |
|---|--------------------------|--------------------------|--------------------------|
| EP - Q & CG WELLS (3) | 1/1/21 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/26 | | |
| | 1/1/27 - 12/31/29 | | |

Nitrate And Nitrite (NOX) 1 routine (RT) per quarter

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| EP - Q & CG WELLS (3) | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Pesticides, Herbicides and PCBs - Phase II & V (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> |
|---|--------------------------|--------------------------|--------------------------|
| EP - Q & CG WELLS (3) | 1/1/23 - 12/31/25 | | |
| | 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> |
|---|--------------------------|--------------------------|--------------------------|
| EP - Q & CG WELLS (3) | 1/1/22 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/27 | | |

Water System Facility: **ENTRY POINT - FLOYDVILLE WELL (WSF ID: 00701)**

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 | | |
|----------------------------------|---------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0565013 | MONROVIA NURSERIES (FLOYDVILLE) | NTNC | 80 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 41 FLOYDVILLE ROAD | | | 1 | | | | |

Towns Served: GRANBY

Monitoring Requirements

Water System Facility: ENTRY POINT - FLOYDVILLE WELL (WSF ID: 00701)

Inorganic Chemicals (IOCS) 1 routine (RT) per three years

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT - FLOYDVILLE WELL (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |

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

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT - FLOYDVILLE WELL (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |

Pesticides, Herbicides and PCBs - Phase II & V (SOCS) 1 routine (RT) per three years

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT - FLOYDVILLE WELL (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |

Organic Chemicals (VOCS) 1 routine (RT) per quarter

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|--------------------|-------------------|-------------------|
| ENTRY POINT - FLOYDVILLE WELL (3) | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------------|------------|---------------|
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | MNF01 | CUST SER MENS | A | Y | 1 | | |
| | | MNF02 | CUST SER WOMENS | A | | 1 | | |
| | | MNF03 | CUST SER KITCHEN | A | Y | 1 | Y | |
| | | MNF04 | GARAGE BTHRM | A | Y | 1 | | |
| | | MNF05 | TAG BATHRM | A | Y | 1 | | |
| | | MNF06 | TAG KITCHEN | A | Y | 1 | | |
| | | MNF07 | PESTICIDE BATHRM | A | Y | 1 | | |
| | | MNF08 | POTTING WOMENS | A | Y | 1 | | |
| | | MNF09 | POTTING MENS | A | Y | 1 | | |
| MNF10 | POTTING KITCHEN | A | Y | 1 | | | | |

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 | | |
| CT0565013 | MONROVIA NURSERIES (FLOYDVILLE) | NTNC | 80 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 41 FLOYDVILLE ROAD | | | 1 | | | | |
| Towns Served: GRANBY | | | | | | | |

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 |
|--------------------------|-------------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | MNF11 | PROP MENS | A | Y | 1 | | |
| | | MNF12 | PROP WOMENS | A | Y | 1 | | |
| | | MNF13 | PROP KITCHEN | A | Y | 1 | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT - Q & CG WELLS | 3 | EP - Q & CG WELLS | A | | | | |
| 00701 | ENTRY POINT - FLOYDVILLE WELL | 3 | ENTRY POINT - FLOYDV | A | | | | |
| 10249 | Q WELL | 2 | Q WELL | A | | | | |
| 10250 | FLOYDVILLE WELL | 2 | FLOYDVILLE WELL | A | | | | |
| 10251 | CG WELL | 2 | CG WELL | 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 |
|-------------------|----------------|---|--------------------------|
| RADICCHI, PAUL J. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 12/31/2024 |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|--------------|--------------------------|-----------------|---------------------------|-----------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Ms. Laure Petren Smith | | | Monrovia Connecticut LLC | | | General Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 90 Salmon Brook Road | | | | | | Granby | CT | 06035 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-653-1633 | | 860-844-8609 | | | lpetrensmith@monrovia.com | | | |

Contact Role(s): Legal Contact

| | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|----------------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Ms. Ana Aponte | | | Monrovia Connecticut LLC | | | Admin | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 90 Salmon Brook Street | | | | | | Granby | CT | 06035 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-653-1633 | | | | | aaponte@monrovia.com | | | |

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

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 | | |
| CT0565063 | 4 WEST GRANBY ROAD | NTNC | 97 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 1 | | | | |

Towns Served: GRANBY

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 | 1/1/20 - 12/31/28 | | |

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 | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Lead And Copper (PBCU) 5 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 | 7/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 6/30/24 | | Complete |
| | 7/1/24 - 12/31/24 | | |

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 | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

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

Chloride (1017) 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) | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

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) | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

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) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |

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> |
|---|--------------------------|--------------------------|--------------------------|
| | | | |

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 | | |
| CT0565063 | 4 WEST GRANBY ROAD | NTNC | 97 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 1 | | | | |

Towns Served: GRANBY

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) | 1/1/21 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/26 | | |
| | 1/1/27 - 12/31/29 | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | 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 | | |
| | 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) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|--|-----------------|----------------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2010 | |
| CROSS CONNECTION EXEMPTION | 3/1/2015 | |
| DISTRIBUTION SYSTEM MATERIALS EVALUATION | 8/31/2019 | |
| RESPOND TO SANITARY SURVEY | 3/6/2021 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2023 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2024 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|-------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Chloride MCL Violation | 7/1/15 - 9/30/15 | 2 | 12/23/2015 | | 1/2/2016 | |
| Chloride MCL Violation | 4/1/15 - 6/30/15 | 2 | 12/23/2015 | | 1/2/2016 | |
| Chloride MCL Violation | 10/1/15 - 12/31/15 | 2 | 1/29/2016 | | 2/8/2016 | |
| Chloride MCL Violation | 1/1/16 - 3/31/16 | 2 | 5/20/2016 | | 5/30/2016 | |
| Chloride MCL Violation | 4/1/16 - 6/30/16 | 2 | 10/16/2016 | | 10/26/2016 | |
| Lead and Copper M&R Violation | 10/1/21 - 2/24/22 | 3 | 11/19/2022 | | 11/29/2022 | |

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 | | |
| CT0565063 | 4 WEST GRANBY ROAD | NTNC | 97 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 1 | | | | |

Towns Served: GRANBY

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 | 34R3 | ROOM 3 & 4 | A | Y | N | | |
| | | 4 | GENERIC DISTRIBUTION | A | Y | | | |
| | | BAS5 | B & A SCHOOL | A | Y | N | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | IR1 | INFANT ROOM | A | Y | N | | |
| | | KR4 | KITCHEN | A | Y | N | | |
| | | TR2 | TODDLER ROOM | A | Y | N | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10747 | 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 |
|---------------|----------------|-----------------------------|--------------------------|
| GUARCO, ALAN | CHIEF OPERATOR | SMALL WATER SYSTEM OPERATOR | 6/30/2025 |

Contact Information

| | | | | | | | |
|---------------------------|-----------|--------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Michael Guarco | | State Line Oil Company | | | Owner | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 7 Bayberry Drive | | | | | East Granby | CT | 06026 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-653-7241 | | | | | | | |

Contact Role(s): Legal Contact, Owner

| | | | | | | | |
|-----------------------------|-----------|--------------------------|--------------|-----------------|---------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Ms. Mary Anne Guarco | | Dmm Associates | | | Partner | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| P.O. Box 26 | | | | | Granby | CT | 06035 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-250-3257 | | | | 860-653-7241 | MAGuarco@statelineoil.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

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 | | |
| CT0565073 | 1 SALMON BROOK STREET | NTNC | 80 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: GRANBY

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 | 1/1/20 - 12/31/28 | | |

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 | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Lead And Copper (PBCU) 5 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 | 7/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 6/30/24 | | |
| | 7/1/24 - 12/31/24 | | |

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 | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

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) | 1/1/21 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/26 | | |
| | 1/1/27 - 12/31/29 | | |

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) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

Pesticides, Herbicides and PCBs-Phase II (SOC2) 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 | | |
| | 1/1/26 - 12/31/28 | | |

Pesticides, Herbicides and PCBs-Phase V (SOC5) 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 | | |
| | 1/1/26 - 12/31/28 | | |

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 | | |
| CT0565073 | 1 SALMON BROOK STREET | NTNC | 80 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: GRANBY

Monitoring Requirements

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

| 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) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

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 |
|-----------------------------|---------------------------------------|---------------------------|---------------------------|
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7.0 PH | 4 |
| Start Date: 4/1/2003 | Compliance History: | Operating Limit | Monitoring |
| | Monitoring Period | Compliance Status: | Compliance Status: |
| | 11/1/2023 - 11/30/2023 | | |
| | 12/1/2023 - 12/31/2023 | | |
| | 1/1/2024 - 1/31/2024 | | |
| | 2/1/2024 - 2/29/2024 | | |
| | 3/1/2024 - 3/31/2024 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|--|-----------------|----------------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2010 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2011 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2011 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2012 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2012 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2013 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2013 | |
| DISTRIBUTION SYSTEM MATERIALS EVALUATION | 8/31/2019 | |
| CROSS CONNECTION EXEMPTION | 3/1/2020 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2020 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2022 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2022 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2023 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2023 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 10/1/17 - 12/31/17 | 3 | 3/16/2019 | | 3/26/2019 | |

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 | | |
| CT0565073 | 1 SALMON BROOK STREET | NTNC | 80 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: GRANBY

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Physical Parameters M&R Violation | 10/1/17 - 12/31/17 | 3 | 3/16/2019 | | 3/26/2019 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|---------------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 1SB001 | PRE-K 4 | A | | | | |
| | | 1SB002 | PRE-K 3 | A | | | | |
| | | 1SB003 | KINDERGARTEN | A | Y | 2 | | |
| | | 1SB004 | INFANTS A | A | | | | |
| | | 1SB005 | INFANTS B | A | | | 2 | |
| | | 1SB006 | STAFF | A | | | | |
| | | 1SB007 | TODDLERS | A | | | | 2 |
| | | 1SB008 | TWO'S | A | | | | 2 |
| | | 1SB009 | SCHOOL AGE | A | | | | 2 |
| | | 1SB010 | STAFF BATH | A | | | | |
| | | 4 | DISTRIBUTION SYSTEM | A | | Y | | |
| | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | | | |
| | UPSTREAM WITHIN 5 SERVICE CON | A | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10879 | WELL | 2 | WELL | A | | | | |
| 47530 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|--------------------|--------------------------|-----------------|----------------|--------|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. Hal Pierce | | Halmar Corporation | | | Property Owner | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 522 Salmon Brook St | | | | | | Granby | CT | 06035 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-653-7283 | | 860-653-7285 | | | | | | |

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

| | | | | | | | | |
|--------------------------|-----------|--------------|--------------------------|-----------------|---------------|--------|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Halmar Inc | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 522 Salmon Brook St | | | | | | Granby | CT | 06035 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |

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

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

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|----------------------------------|------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
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| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: GRANBY

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

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.