

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 350 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Chlorine Residual (1012) | 30 routine (RT) per month | | |
|--|--------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| Asbestos (1094) | 2 routine (RT) per nine years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WILLOW HOUSE DAYCR (UCDEP-4) | 1/1/23 - 12/31/31 | | |
| FACILITIES OPS BLDG (UCMC-5) | 1/1/23 - 12/31/31 | | |
| Total Coliform (3100) | 10 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| Total Coliform (3100) | 30 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Disinfectant Byproducts - TTHM & HAA5 (DBP) | 4 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| KENNEDY BLDG (UCDEP-5) | 10/1/23 - 12/31/23 | 12/1-12/31 | Complete |
| | 1/1/24 - 3/31/24 | 3/1-3/31 | Complete |
| | 4/1/24 - 6/30/24 | 6/1-6/30 | |
| | 7/1/24 - 9/30/24 | 9/1-9/30 | |
| SOUTH CHILLER (UCMC-44) | 10/1/23 - 12/31/23 | 12/1-12/31 | Complete |
| | 1/1/24 - 3/31/24 | 3/1-3/31 | Complete |
| | 4/1/24 - 6/30/24 | 6/1-6/30 | |
| | 7/1/24 - 9/30/24 | 9/1-9/30 | |
| HILLTOP APTS COMMUNITY CENTER (UCMC-6) | 10/1/23 - 12/31/23 | 12/1-12/31 | Complete |
| | 1/1/24 - 3/31/24 | 3/1-3/31 | Complete |
| | 4/1/24 - 6/30/24 | 6/1-6/30 | |
| | 7/1/24 - 9/30/24 | 9/1-9/30 | |
| FARM DEPT HEADQUARTERS (UCMC-63) | 10/1/23 - 12/31/23 | 12/1-12/31 | Complete |
| | 1/1/24 - 3/31/24 | 3/1-3/31 | Complete |
| | 4/1/24 - 6/30/24 | 6/1-6/30 | |
| | 7/1/24 - 9/30/24 | 9/1-9/30 | |

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 | | |
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 350 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

Disinfectant Byproducts - TTHM & HAA5 (DBP) 4 routine (RT) per quarter

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| | 1/1/24 - 3/31/24 | 3/1-3/31 | Complete |
| | 4/1/24 - 6/30/24 | 6/1-6/30 | |
| | 7/1/24 - 9/30/24 | 9/1-9/30 | |

Lead And Copper (PBCU) 30 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) 30 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

Physical Parameters (PPS) 10 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |

Water System Facility: **ENTRY POINT - FENTON RIVER WELLFIELD (WSF ID: 00701)**

Net Gross Alpha (4000) 1 routine (RT) per three years

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| EP - FENTON (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |

Uranium (4006) 1 routine (RT) per three years

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| EP - FENTON (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |

Combined Radium-226/228 (4010) 1 routine (RT) per three years

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| EP - FENTON (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 | | |
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 350 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: ENTRY POINT - FENTON RIVER WELLFIELD (WSF ID: 00701)

| 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 - FENTON (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| 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> |
| EP - FENTON (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 & V (SOCS) | 2 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 - FENTON (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> |
| EP - FENTON (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

Water System Facility: WILLIMANTIC WELLFIELD TREATMENT PLANT (WSF ID: 00702)

| 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 - WILLIMANTIC TP (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 - WILLIMANTIC TP (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |
| Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) | 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 - WILLIMANTIC TP (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | 2 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 - WILLIMANTIC TP (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 - WILLIMANTIC TP (3) | 1/1/23 - 12/31/23 | | Complete |

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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 | | |
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 350 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: **WILLIMANTIC WELLFIELD TREATMENT PLANT (WSF ID: 00702)**

| 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> |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

Water System Facility: **FENTON RIVER - WELL B (WSF ID: 1322)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| FENTON RIVER WELL B (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Water System Facility: **FENTON RIVER - WELL C (WSF ID: 1323)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| FENTON RIVER WELL C (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Water System Facility: **FENTON RIVER - WELL D (WSF ID: 1324)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| FENTON RIVER WELL D (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |

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 | | |
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 350 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: FENTON RIVER - WELL D (WSF ID: 1324)

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Water System Facility: WILLIMANTIC WELLFIELD - WELL 1 (WSF ID: 1461)

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| UCONN - WELL 1 (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | | |

Water System Facility: WILLIMANTIC WELLFIELD - WELL 2 (WSF ID: 1462)

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| UCONN - WELL 2 (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 | | | |

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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 | | |
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 350 | | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: WILLIMANTIC WELLFIELD - WELL 2 (WSF ID: 1462)

| | | | |
|---|--------------------------|--------------------------|---------------------------------|
| E. Coli (3014) | | | 1 routine (RT) per month |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 10/1/24 - 10/31/24 | | |

Water System Facility: WILLIMANTIC WELLFIELD - WELL 3 (WSF ID: 1463)

| | | | |
|---|--------------------------|--------------------------|---------------------------------|
| E. Coli (3014) | | | 1 routine (RT) per month |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| UCONN - WELL 3 (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Water System Facility: WILLIMANTIC WELLFIELD - WELL 4 (WSF ID: 1464)

| | | | |
|---|--------------------------|--------------------------|---------------------------------|
| E. Coli (3014) | | | 1 routine (RT) per month |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| UCONN - WELL 4 (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Monthly Water System Facility (WSF) Level Monitoring Requirements

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 | | |
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 350 | | | | |

Towns Served: MANSFIELD

Water System Facility: ENTRY POINT - FENTON RIVER WELLFIELD (WSFID: 00701)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|------------------------------|---|----------------------------|---------------------------|
| Chlorine | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2 MG/L | Daily |
| Start Date: 12/1/2003 | | Compliance History: | Operating Limit |
| | | Monitoring Period | 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 | |

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|------------------------------|---------------------------------------|----------------------------|---------------------------|
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7.0 PH | Daily |
| Start Date: 12/1/2003 | | Compliance History: | Operating Limit |
| | | Monitoring Period | 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 | |

Water System Facility: WILLIMANTIC WELLFIELD TREATMENT PLANT (WSFID: 00702)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|-----------------------------|---|----------------------------|---------------------------|
| Chlorine | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.5 MG/L | Daily |
| Start Date: 3/1/2013 | | Compliance History: | Operating Limit |
| | | Monitoring Period | 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 | |

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|-----------------------------|---------------------------------------|----------------------------|---------------------------|
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7.0 PH | Daily |
| Start Date: 3/1/2013 | | Compliance History: | Operating Limit |
| | | Monitoring Period | 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 CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |

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 | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 350 | | | | | |

Towns Served: MANSFIELD

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 | | | | |
| | | UCDEP-1 | DEPT RES LIFE MAINT | A | Y | N | | |
| | | UCDEP-10 | 1340 STAFFORD RD | A | | 3 | | |
| | | UCDEP-2 | LONGLEY SCHOOL | A | Y | N | | |
| | | UCDEP-3 | DISCOVERY DEPOT DC. | I | Y | | | |
| | | UCDEP-4 | WILLOW HOUSE DAYCR | I | Y | | Y | |
| | | UCDEP-5 | KENNEDY BLDG | A | Y | N | Y | Y |
| | | UCDEP-6 | 64 SPRING MANOR LN | A | | 3 | | |
| | | UCDEP-7 | 86 SPRING MANOR LN | A | Y | 3 | | |
| | | UCDEP-8 | 104 SPRING MANOR LN | A | Y | 3 | | |
| | | UCDEP-9 | NORLING | A | | N | | |
| | | UCMC-1 | VISITORS CENTER | A | Y | N | | |
| | | UCMC-10 | NORTH DINING HALL | A | Y | N | | |
| | | UCMC-11 | STUDENT UNION | A | Y | N | | |
| | | UCMC-12 | COOP | A | Y | N | | |
| | | UCMC-13 | 10 SOUTH EAGLEVILLE | I | Y | | | |
| | | UCMC-14 | 9 DOG LA UNIT 108 | I | Y | | | |
| | | UCMC-15 | 9 DOG LA UNIT 109 | I | Y | | | |
| | | UCMC-16 | 11 DOG LANE | I | Y | | | |
| | | UCMC-17 | DAILY CAMPUS | I | Y | | | |
| | | UCMC-18 | 41/42 HORSEBARN HILL | A | | 3 | | |
| | | UCMC-19 | 43/44 HORSEBARN HILL | A | | 3 | | |
| | | UCMC-2 | NATHAN HALE | I | Y | N | | |
| | | UCMC-20 | 9 OAK HILL RD | A | | 3 | | |
| | | UCMC-21 | 1310 STORRS RD | A | | 3 | | |
| | | UCMC-22 | 1332 STORRS RD | A | | 3 | | |
| | | UCMC-23 | HIGH HEAD | A | Y | N | Y | |
| | | UCMC-24 | TOWERS COMM CTR | A | | N | | |
| | | UCMC-25 | CHARTER OAK COMM CTR | A | Y | N | | |
| | | UCMC-26 | 2 N EAGLEVILLE RD | A | | 3 | | |
| | | UCMC-27 | 4 MOULTON RD | A | | 3 | | |
| | | UCMC-28 | 26 OAK HILL | A | Y | 3 | | |

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 | | |
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 350 | | | | | |

Towns Served: MANSFIELD

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | UCMC-29 | 1 HILLSIDE | A | Y | 3 | | |
| | | UCMC-3 | DAIRY BAR | A | Y | N | | |
| | | UCMC-30 | GRANGE HALL | A | Y | N | | |
| | | UCMC-31 | HICKS HALL | A | Y | N | | |
| | | UCMC-33 | WATSON HALL | A | | N | | |
| | | UCMC-34 | SHAKESPEARE BLDG | A | Y | N | | |
| | | UCMC-35 | BELDON HALL | A | Y | N | | |
| | | UCMC-36 | EDDY HALL | A | Y | N | | |
| | | UCMC-37 | HOLLISTER BLDG | A | Y | N | | |
| | | UCMC-38 | CHANDLER BLDG | A | Y | N | | |
| | | UCMC-39 | KINGSTON HALL | A | Y | N | | |
| | | UCMC-4 | 303 MAPLE ROAD | I | Y | | | |
| | | UCMC-40 | SHERMAN HALL | A | Y | N | | |
| | | UCMC-41 | ALSOP HALL | A | | N | | |
| | | UCMC-42 | BROCK HALL | A | | N | | |
| | | UCMC-43 | BEECHER HALL | A | | N | | |
| | | UCMC-44 | SOUTH CHILLER | A | Y | N | | Y |
| | | UCMC-45 | LANDSCAPE BUILDING | A | | N | | |
| | | UCMC-46 | KELLOG BARN | A | Y | N | | |
| | | UCMC-47 | POULTY OFFICE | A | | N | | |
| | | UCMC-48 | BISHOP CENTER | A | Y | | | |
| | | UCMC-49 | CENTRAL WAREHOUSE | A | Y | N | | |
| | | UCMC-5 | FACILITIES OPS BLDG | A | Y | N | Y | |
| | | UCMC-50 | TOWERS COLT | A | | N | | |
| | | UCMC-51 | IPB | A | Y | N | | |
| | | UCMC-52 | ENG II | A | Y | N | | |
| | | UCMC-53 | PDFD SAFETY COMPLEX | A | | N | | |
| | | UCMC-54 | MAA | A | Y | N | | |
| | | UCMC-55 | ESB | A | Y | N | | |
| | | UCMC-56 | WPCA | A | Y | N | | |
| | | UCMC-57 | HILLEL HOUSE | A | Y | N | | |
| | | UCMC-58 | NORTHWEST DINING | A | Y | N | | |
| | | UCMC-59 | MCPMAHON DINING | A | Y | N | | |
| | | UCMC-6 | HILLTOP APTS COMMUNI | A | Y | N | | Y |
| | | UCMC-60 | FINE ARTS COMPLEX | A | Y | N | | |
| | | UCMC-61 | COMMISSARY WAREHOUSE | A | Y | N | | |
| | | UCMC-63 | FARM DEPT HEADQUARTE | A | Y | N | | Y |
| | | UCMC-64 | GELFENBEIN TOWERS DH | 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 | | |
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 350 | | | | |

Towns Served: MANSFIELD

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 |
|--------------------------|--|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | UCMC-65 | BUCKLEY DINING HALL | A | | N | | |
| | | UCMC-66 | PUTNAM DINING HALL | A | | N | | |
| | | UCMC-67 | WHITNEY DINING HALL | A | | N | | |
| | | UCMC-7 | EH&S | A | Y | N | | Y |
| | | UCMC-8 | CUP | A | Y | N | | |
| | | UCMC-9 | SOUTH DINING HALL | A | Y | N | | |
| | | UNMC-62 | JORGENSON CENTER | A | Y | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00701 | ENTRY POINT - FENTON RIVER WELLFIELD | 3 | EP - FENTON | A | | | | |
| 00702 | WILLIMANTIC WELLFIELD TREATMENT PLANT | 3 | ENTRY POINT - WILLIM | A | | | | |
| 1322 | FENTON RIVER - WELL B | 2 | FENTON RIVER WELL B | A | | | | |
| 1323 | FENTON RIVER - WELL C | 2 | FENTON RIVER WELL C | A | | | | |
| 1324 | FENTON RIVER - WELL D | 2 | FENTON RIVER WELL D | A | | | | |
| 1461 | WILLIMANTIC WELLFIELD - WELL 1 | 2 | UCONN - WELL 1 | A | | | | |
| 1462 | WILLIMANTIC WELLFIELD - WELL 2 | 2 | UCONN - WELL 2 | A | | | | |
| 1463 | WILLIMANTIC WELLFIELD - WELL 3 | 2 | UCONN - WELL 3 | A | | | | |
| 1464 | WILLIMANTIC WELLFIELD - WELL 4 | 2 | UCONN - WELL 4 | A | | | | |
| 147A | FENTON RIVER WELLFIELD TREATMENT PLANT | | | | | | | |
| 32795 | FENTON RIVER WELLFIELD CLEARWELL | | | | | | | |
| 32807 | TOWERS STANDPIPE #1 WEST | | | | | | | |
| 37100 | BONE MILL ROAD TANK | | | | | | | |
| 37102 | CORRECTIONAL FACILITY TANK | | | | | | | |
| 45549 | 5.4 MG TOWERS BASIN | | | | | | | |
| 52038 | FENTON RIVER WELLFIELD PUMP STATION | | | | | | | |
| 52040 | TOWERS LOOP PUMP STATION | | | | | | | |
| 53803 | HIGH HEAD PUMP STATION | | | | | | | |
| 60339 | TOWERS STANDPIPE #2 (EAST) | | | | | | | |
| 61553 | INTERCONNECTION - CT0473011 - CTWC | | | | | | | |

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 | | |
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 350 | | | | |

Towns Served: MANSFIELD

Certified Operator Information

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

Facility Classification: CLASS 2 DISTRIBUTION SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|------------------|-------------------|---|--------------------------|
| BUHLER, BRANT D. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2025 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2025 |
| KEARNEY, THOMAS | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 12/31/2026 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2026 |

Water System Facility: FENTON RIVER WELLFIELD TREATMENT PLANT (WSF ID: 147A)

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|------------------|-------------------|---|--------------------------|
| BUHLER, BRANT D. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2025 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2025 |
| KEARNEY, THOMAS | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 12/31/2026 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2026 |

Water System Facility: WILLIMANTIC WELLFIELD TREATMENT PLANT (WSF ID: 00702)

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|------------------|-------------------|---|--------------------------|
| BUHLER, BRANT D. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2025 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2025 |
| KEARNEY, THOMAS | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 12/31/2026 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2026 |

Contact Information

| | | | | | | |
|--------------------------|-----------|---------------------------|--------------|-----------------|-------------------------|------------|
| Name | | Organization | | | Job Title | |
| Mr. Stanley Nolan | | University of Connecticut | | | Director of Util. | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 25 Ledoyt Road | | Unit 3252 | | Storrs | CT | 06269-3252 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 860-486-3208 | | | | 860-234-2415 | stanley.nolan@uconn.edu | |

Contact Role(s): Administrative Contact

| | | | | | | |
|----------------------------|-----------|---------------------------|--------------|-----------------|---------------------------|----------|
| Name | | Organization | | | Job Title | |
| Mr. Lloyd Blanchard | | University of Connecticut | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 352 Mansfield Road | | Unit 1122 | | Storrs | CT | 06269 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 860-486-3455 | | | | | lloyd.blanchard@uconn.edu | |

Contact Role(s): Legal Contact, Owner

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|---|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780021 | UNIVERSITY OF CONNECTICUT - MAIN CAMPUS | C | 27,199 | S | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 350 | | | | | |

Towns Served: MANSFIELD

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 | | |
| CT0780041 | WHITE OAK CONDOMINIUMS | C | 192 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 64 | | | | |

Towns Served: MANSFIELD

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 | 1/1/23 - 12/31/31 | | |

Total Coliform (3100) 1 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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 month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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) | 1/1/22 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/27 | | |

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 | | |
| CT0780041 | WHITE OAK CONDOMINIUMS | C | 192 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 64 | | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|--|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |
| Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) | 1 routine (RT) per six years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/20 - 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 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2029 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | WH10A | UNIT 10A | A | Y | 2 | | |
| | | WH10B | UNIT 10B | A | Y | 2 | | |
| | | WH10C | UNIT 10C | A | Y | 2 | | |
| | | WH10D | UNIT 10D | A | Y | 2 | | |
| | | WH11A | UNIT 11A | A | Y | 2 | | |
| | | WH11B | UNIT 11B | A | Y | 2 | | |
| | | WH11C | UNIT 11C | A | Y | 2 | | |
| | | WH11D | UNIT 11D | A | Y | 2 | | |
| | | WH12A | UNIT 12A | A | Y | 2 | | |
| | | WH12B | UNIT 12B | A | Y | 2 | | |
| | | WH12C | UNIT 12C | A | Y | 2 | | |
| | | WH12D | UNIT 12 D | A | Y | 2 | | |

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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 | | |
| CT0780041 | WHITE OAK CONDOMINIUMS | C | 192 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 64 | | | | |

Towns Served: MANSFIELD

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| | | WH13A | UNIT 13A | A | Y | 2 | | |
| | | WH13B | UNIT 13B | A | Y | 2 | | |
| | | WH13C | UNIT 13C | A | Y | 2 | | |
| | | WH13D | UNIT 13D | A | Y | 2 | | |
| | | WH14B | UNIT 14B | A | Y | 2 | | |
| | | WH14C | UNIT 14C | A | Y | 2 | | |
| | | WH14D | UNIT 14D | A | Y | 2 | | |
| | | WH15A | UNIT 15A | A | Y | 2 | | |
| | | WH15B | UNIT 15B | A | Y | 2 | | |
| | | WH15C | UNIT 15C | A | Y | 2 | | |
| | | WH15D | UNIT 15D | A | Y | 2 | | |
| | | WH16B | UNIT 16B | A | Y | 2 | | |
| | | WH16C | UNIT 16C | A | Y | 2 | | |
| | | WH16D | UNIT 16D | A | Y | 2 | | |
| | | WH1A | UNIT 1A | A | Y | 2 | | |
| | | WH1B | UNIT 1B | A | Y | 2 | | |
| | | WH1C | UNIT 1C | A | Y | 2 | | |
| | | WH1D | UNIT 1D | A | Y | 2 | | |
| | | WH2A | UNIT 2A | A | Y | 2 | | |
| | | WH2B | UNIT 2B | A | Y | 2 | | |
| | | WH2C | UNIT 2C | A | Y | 2 | | |
| | | WH2D | UNIT 2D | A | Y | 2 | | |
| | | WH3A | UNIT 3A | A | Y | 2 | | |
| | | WH3B | UNIT 3B | A | Y | 2 | | |
| | | WH3C | UNIT 3C | A | Y | 2 | | |
| | | WH4A | UNIT 4A | A | Y | 2 | | |
| | | WH4B | UNIT 4B | A | Y | 2 | | |
| | | WH4D | UNIT 4D | A | Y | 2 | | |
| | | WH5A | UNIT 5A | A | Y | 2 | | |
| | | WH5B | UNIT 5B | A | Y | 2 | | |
| | | WH5C | UNIT 5C | A | Y | 2 | | |
| | | WH5D | UNIT 5D | A | Y | 2 | | |
| | | WH6A | UNIT 6A | A | Y | 2 | | |
| | | WH6B | UNIT 6B | A | Y | 2 | | |
| | | WH6C | UNIT 6C | A | Y | 2 | | |
| | | WH6D | UNIT 6D | A | Y | 2 | | |
| | | WH7A | UNIT 7A | A | Y | 2 | | |
| | | WH7B | UNIT 7B | A | Y | 2 | | |
| | | WH7C | UNIT 7C | A | Y | 2 | | |

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 | | |
| CT0780041 | WHITE OAK CONDOMINIUMS | C | 192 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 64 | | | | | |

Towns Served: MANSFIELD

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 |
|--------------------------|------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | WH7D | UNIT 7D | A | Y | 2 | | |
| | | WH8A | UNIT 8A | A | Y | 2 | | |
| | | WH8B | UNIT 8B | A | Y | 2 | | |
| | | WH8C | UNIT 8C | A | Y | 2 | | |
| | | WH8D | UNIT 8D | A | Y | 2 | | |
| | | WH9A | UNIT 9A | A | Y | 2 | | |
| | | WH9C | UNIT 9C | A | Y | 2 | | |
| | | WH9D | UNIT 9D | A | Y | 2 | | |
| | | WHITOA001 | UNIT 4C | A | Y | 2 | | |
| | | WHITOA005 | UNIT 14A | A | Y | 2 | | |
| | | WHITOA001 | 4C | A | Y | 2 | Y | |
| | | WHITOA002 | UNIT 3D | A | Y | 2 | | |
| | | WHITOA003 | UNIT 9B | A | Y | 2 | | |
| | | WHITOA004 | UNIT 16A | A | Y | 2 | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 1835 | WELL 2 | 2 | WELL 2 | A | | | | |
| 248 | WELL 1 | 2 | WELL 1 | A | | | | |
| 56030 | HYDROPNEUMATIC STORAGE | | | | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------------|-------------------|---|--------------------------|
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |
| NIGRO, DAVID | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2025 |

Contact Information

| | | | | | | | |
|------------------------------|-----------|--------------------------|--------------|-----------------|--------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Alan H. Berman | | Attorney Alan H. Berman | | | Attorney | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 111 Roberts Street, Suite G1 | | | | | East Hartford | CT | 06108 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-282-1888 | | 860-610-0177 | | 860-810-8169 | a.bermanatty@outlook.com | | |
| Contact Role(s): | | Legal Contact | | | | | |

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

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

| | | | | | | | | |
|--|-------------------------------|---------------------|-------------------------------|-----------------|------------------------|---------------|--------------|----------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT0780041 | WHITE OAK CONDOMINIUMS | C | 192 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| | | 64 | | | | | | |
| Towns Served: MANSFIELD | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Christine Tedesco | | | White & Katzman Property Svcs | | | Assoc Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 111 Roberts Street | | | Suite G1 | | | East Hartford | CT | 06108 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-291-8777 | 102 | | | | christine@wkmanage.com | | | |
| Contact Role(s): Administrative Contact | | | | | | | | |

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780051 | KNOLLWOOD APARTMENTS | C | 312 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 S. EAGLEVILLE RD, MANSFIELD | | | 136 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Orthophosphate (1044) | 2 routine (RT) per six months | | | |
|---|--------------------------------------|--------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 7/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 6/30/24 | | | |
| | 7/1/24 - 12/31/24 | | | |
| 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 | 1/1/23 - 12/31/31 | | Complete | |
| Total Alkalinity (1927) | 2 routine (RT) per six months | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 7/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 6/30/24 | | | |
| | 7/1/24 - 12/31/24 | | | |
| Total Coliform (3100) | 3 repeat (RP) per period | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 11/8/23 - 11/13/23 | | Complete | |
| Total Coliform (3100) | 1 routine (RT) per month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | |
| | 12/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 1/31/24 | | Complete | |
| | 2/1/24 - 2/29/24 | | Complete | |
| | 3/1/24 - 3/31/24 | | Complete | |
| | 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 - 10/31/24 | | | |
| 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 month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | |
| | 12/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 1/31/24 | | Complete | |

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 | | |
| CT0780051 | KNOLLWOOD APARTMENTS | C | 312 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 S. EAGLEVILLE RD, MANSFIELD | | | 136 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Physical Parameters (PPS) | 1 routine (RT) per month | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |

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

| Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) | 1 routine (RT) per six years | | |
|---|------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/20 - 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 | | |

Water System Facility: **WELL 5 (WSF ID: 1970)**

| E. Coli (3014) | 1 triggered (TG) per period | | |
|---|-----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 5 (2) | 11/7/23 - 11/13/23 | | Complete |

Water System Facility: **WELL 3 (WSF ID: 289)**

| E. Coli (3014) | 1 triggered (TG) per period | | |
|---|-----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 3 (2) | 11/7/23 - 11/13/23 | | Complete |

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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 | | |
| CT0780051 | KNOLLWOOD APARTMENTS | C | 312 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 S. EAGLEVILLE RD, MANSFIELD | | | 136 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: **WELL 2 (WSF ID: 290)**

| | |
|---|------------------------------------|
| E. Coli (3014) | 1 triggered (TG) per period |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> |
| WELL 2 (2) | 11/7/23 - 11/13/23 |
| | <i>Collection Period</i> |
| | <i>Compliance Status</i> |
| | Complete |

Monthly Water System Facility (WSF) Level Monitoring Requirements

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

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|------------------------------|---|----------------------------|---|
| Orthophosphate | <spaces> () | Maximum: 3.0 MG/L | 2 |
| Start Date: 5/13/2021 | | Compliance History: | |
| | | Monitoring Period | Operating Limit Compliance Status: |
| | | 11/1/2023 - 11/30/2023 | Monitoring Compliance Status: |
| | | 12/1/2023 - 12/31/2023 | |
| | | 1/1/2024 - 1/31/2024 | |
| | | 2/1/2024 - 2/29/2024 | |
| | | 3/1/2024 - 3/31/2024 | |
| Orthophosphate | Entry Point Phosphate Monitoring (PHOS) | Minimum: 1.0 MG/L | 2 |
| Start Date: 2/1/2024 | | Compliance History: | |
| | | Monitoring Period | Operating Limit Compliance Status: |
| | | 2/1/2024 - 2/29/2024 | Monitoring Compliance Status: |
| | | 3/1/2024 - 3/31/2024 | Y |
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7.2 PH | 2 |
| Start Date: 5/13/2021 | | Compliance History: | |
| | | Monitoring Period | Operating Limit Compliance Status: |
| | | 11/1/2023 - 11/30/2023 | Monitoring Compliance Status: |
| | | 12/1/2023 - 12/31/2023 | Y |
| | | 1/1/2024 - 1/31/2024 | |
| | | 2/1/2024 - 2/29/2024 | |
| | | 3/1/2024 - 3/31/2024 | |
| pH | Entry Point pH Monitoring (PHRD) | Maximum: 8.0 PH | 2 |
| Start Date: 1/1/2023 | | Compliance History: | |
| | | Monitoring Period | Operating Limit Compliance Status: |
| | | 11/1/2023 - 11/30/2023 | Monitoring Compliance Status: |
| | | 12/1/2023 - 12/31/2023 | |
| | | 1/1/2024 - 1/31/2024 | Y |
| | | 2/1/2024 - 2/29/2024 | Y |
| | | 3/1/2024 - 3/31/2024 | |

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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 | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780051 | KNOLLWOOD APARTMENTS | C | 312 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 S. EAGLEVILLE RD, MANSFIELD | | | 136 | | | | |

Towns Served: MANSFIELD

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|---|-----------------|----------------------|
| SUBMIT FISCAL AND ASSET MANAGEMENT CERT | 1/1/2021 | |
| 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

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | KW20C | KW 20C | A | Y | | | |
| | | KWA01A | APARTMENT | A | Y | 1 | | |
| | | KWA01B | APARTMENT | A | Y | 1 | | |
| | | KWA01C | APARTMENT | A | Y | 1 | | |
| | | KWA01D | APARTMENT | A | Y | 1 | | |
| | | KWA02A | APARTMENT | A | Y | 1 | | |
| | | KWA02B | APARTMENT | A | Y | 1 | | |
| | | KWA02C | APARTMENT | A | Y | 1 | | |
| | | KWA02D | APARTMENT | A | Y | 1 | | |
| | | KWA03A | APARTMENT | A | Y | 1 | | |
| | | KWA03B | APARTMENT | A | Y | 1 | | |
| | | KWA03C | APARTMENT | A | Y | 1 | | |
| | | KWA03D | APARTMENT | A | Y | 1 | | |
| | | KWA04A | APARTMENT | A | Y | 1 | | |
| | | KWA04B | APARTMENT | A | Y | 1 | | |
| | | KWA04C | APARTMENT | A | Y | 1 | | |
| | | KWA04D | APARTMENT | A | Y | 1 | | |
| | | KWA05A | APARTMENT | A | Y | 1 | | |
| | | KWA05B | APARTMENT | A | Y | 1 | | |
| | | KWA05C | APARTMENT | A | Y | 1 | | |
| | | KWA05D | APARTMENT | A | Y | 1 | | |
| | | KWA06A | APARTMENT | A | Y | 1 | | |
| | | KWA06B | APARTMENT | A | Y | 1 | | |
| | | KWA06C | APARTMENT | A | Y | 1 | | |
| | | KWA06D | APARTMENT | A | Y | 1 | | |
| | | KWA07A | APARTMENT | A | Y | 1 | | |
| | | KWA07B | APARTMENT | A | Y | 1 | | |
| | | KWA07C | APARTMENT | A | Y | 1 | | |
| | | KWA07D | APARTMENT | A | Y | 1 | | |
| | | KWA08A | APARTMENT | A | Y | 1 | | |

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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 | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780051 | KNOLLWOOD APARTMENTS | C | 312 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 S. EAGLEVILLE RD, MANSFIELD | | | 136 | | | | |

Towns Served: MANSFIELD

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| | | KWA08B | APARTMENT | A | Y | 1 | | |
| | | KWA08C | APARTMENT | A | Y | 1 | | |
| | | KWA08D | APARTMENT | A | Y | 1 | | |
| | | KWA09A | APARTMENT | A | Y | 1 | | |
| | | KWA09B | APARTMENT | A | Y | 1 | | |
| | | KWA09C | APARTMENT | A | Y | 1 | | |
| | | KWA09D | APARTMENT | A | Y | 1 | | |
| | | KWA10A | APARTMENT | A | Y | 1 | | |
| | | KWA10B | APARTMENT | A | Y | 1 | | |
| | | KWA10C | APARTMENT | A | Y | 1 | | |
| | | KWA10D | APARTMENT | A | Y | 1 | | |
| | | KWA11A | APARTMENT | A | Y | 1 | | |
| | | KWA11B | APARTMENT | A | Y | 1 | | |
| | | KWA11C | APARTMENT | A | Y | 1 | | |
| | | KWA11D | APARTMENT | A | Y | 1 | | |
| | | KWA11P | KW-11D | A | Y | | | |
| | | KWA12A | APARTMENT | A | Y | 1 | | |
| | | KWA12B | APARTMENT | A | Y | 1 | | |
| | | KWA12C | APARTMENT | A | Y | 1 | | |
| | | KWA12D | APARTMENT | A | Y | 1 | | |
| | | KWA13A | APARTMENT | A | Y | 1 | | |
| | | KWA13B | APARTMENT | A | Y | 1 | | |
| | | KWA13C | APARTMENT | A | Y | 1 | | |
| | | KWA13D | APARTMENT | A | Y | 1 | | |
| | | KWA14A | APARTMENT | A | Y | 1 | | |
| | | KWA14B | APARTMENT | A | Y | 1 | | |
| | | KWA14C | APARTMENT | A | Y | 1 | | |
| | | KWA14D | APARTMENT | A | Y | 1 | | |
| | | KWA15A | APARTMENT | A | Y | 1 | | |
| | | KWA15B | APARTMENT | A | Y | 1 | | |
| | | KWA15C | APARTMENT | A | Y | 1 | | |
| | | KWA15D | APARTMENT | A | Y | 1 | | |
| | | KWA16A | APARTMENT | A | Y | 1 | | |
| | | KWA16B | APARTMENT | A | Y | 1 | | |
| | | KWA16C | APARTMENT | A | Y | 1 | | |
| | | KWA16D | APARTMENT | A | Y | 1 | | |
| | | KWA17A | APARTMENT | A | Y | 1 | | |
| | | KWA17B | APARTMENT | A | Y | 1 | | |
| | | KWA17C | APARTMENT | 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 | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780051 | KNOLLWOOD APARTMENTS | C | 312 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 S. EAGLEVILLE RD, MANSFIELD | | | 136 | | | | |

Towns Served: MANSFIELD

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| | | KWA17D | APARTMENT | A | Y | 1 | | |
| | | KWA18A | APARTMENT | A | Y | 1 | | |
| | | KWA18B | APARTMENT | A | Y | 1 | | |
| | | KWA18C | APARTMENT | A | Y | 1 | | |
| | | KWA18D | APARTMENT | A | Y | 1 | | |
| | | KWA19A | APARTMENT | A | Y | 1 | | |
| | | KWA19B | APARTMENT | A | Y | 1 | | |
| | | KWA19C | APARTMENT | A | Y | 1 | | |
| | | KWA19D | APARTMENT | A | Y | 1 | | |
| | | KWA20A | APARTMENT | A | Y | 1 | | |
| | | KWA20B | APARTMENT | A | Y | 1 | | |
| | | KWA20C | APARTMENT | A | Y | 1 | | |
| | | KWA20D | APARTMENT | A | Y | 1 | | |
| | | KWA21A | APARTMENT | A | Y | 1 | | |
| | | KWA21B | APARTMENT | A | Y | 1 | | |
| | | KWA21C | APARTMENT | A | Y | 1 | | |
| | | KWA21D | APARTMENT | A | Y | 1 | | |
| | | KWA22A | APARTMENT | A | Y | 1 | | |
| | | KWA22B | APARTMENT | A | Y | 1 | | |
| | | KWA22C | APARTMENT | A | Y | 1 | | |
| | | KWA22D | APARTMENT | A | Y | 1 | | |
| | | KWA23A | APARTMENT | A | Y | 1 | | |
| | | KWA23B | APARTMENT | A | Y | 1 | | |
| | | KWA23C | APARTMENT | A | Y | 1 | | |
| | | KWA23D | APARTMENT | A | Y | 1 | | |
| | | KWA24A | APARTMENT | A | Y | 1 | | |
| | | KWA24B | APARTMENT | A | Y | 1 | | |
| | | KWA24C | APARTMENT | A | Y | 1 | | |
| | | KWA24D | APARTMENT | A | Y | 1 | | |
| | | KWA25A | APARTMENT | A | Y | 1 | | |
| | | KWA25B | APARTMENT | A | Y | 1 | | |
| | | KWA25C | APARTMENT | A | Y | 1 | | |
| | | KWA25D | APARTMENT | A | Y | 1 | | |
| | | KWA26A | APARTMENT | A | Y | 1 | | |
| | | KWA26B | APARTMENT | A | Y | 1 | | |
| | | KWA26C | APARTMENT | A | Y | 1 | | |
| | | KWA26D | APARTMENT | A | Y | 1 | | |
| | | KWA27A | APARTMENT | A | Y | 1 | | |
| | | KWA27B | APARTMENT | A | Y | 1 | | |

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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 | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780051 | KNOLLWOOD APARTMENTS | C | 312 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 S. EAGLEVILLE RD, MANSFIELD | | | 136 | | | | |

Towns Served: MANSFIELD

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| | | KWA27C | APARTMENT | A | Y | 1 | | |
| | | KWA27D | APARTMENT | A | Y | 1 | | |
| | | KWA28A | APARTMENT | A | Y | 1 | | |
| | | KWA28B | APARTMENT | A | Y | 1 | | |
| | | KWA28C | APARTMENT | A | Y | 1 | | |
| | | KWA28D | APARTMENT | A | Y | 1 | | |
| | | KWA29A | APARTMENT | A | Y | 1 | | |
| | | KWA29B | APARTMENT | A | Y | 1 | | |
| | | KWA29C | APARTMENT | A | Y | 1 | | |
| | | KWA29D | APARTMENT | A | Y | 1 | | |
| | | KWA2C | KW 2C | A | Y | | | |
| | | KWA30A | APARTMENT | A | Y | 1 | | |
| | | KWA30B | APARTMENT | A | Y | 1 | | |
| | | KWA30C | APARTMENT | A | Y | 1 | | |
| | | KWA30D | APARTMENT | A | Y | 1 | | |
| | | KWA31A | APARTMENT | A | Y | 1 | | |
| | | KWA31B | APARTMENT | A | Y | 1 | | |
| | | KWA31C | APARTMENT | A | Y | 1 | | |
| | | KWA31D | APARTMENT | A | Y | 1 | | |
| | | KWA32A | APARTMENT | A | Y | 1 | | |
| | | KWA32B | APARTMENT | A | Y | 1 | | |
| | | KWA32C | APARTMENT | A | Y | 1 | | |
| | | KWA32D | APARTMENT | A | Y | 1 | | |
| | | KWA33A | APARTMENT | A | Y | 1 | | |
| | | KWA33B | APARTMENT | A | Y | 1 | | |
| | | KWA33C | APARTMENT | A | Y | 1 | | |
| | | KWA33D | APARTMENT | A | Y | 1 | | |
| | | KWA34A | APARTMENT | A | Y | 1 | | |
| | | KWA34B | APARTMENT | A | Y | 1 | | |
| | | KWA34C | APARTMENT | A | Y | 1 | | |
| | | KWA34D | APARTMENT | A | Y | 1 | | |
| | | KWACT01 | TAP COMP TANK #1 TOP | A | Y | 1 | | |
| | | KWACT02 | TAP COMP TANK #1 BOT | A | Y | 1 | | |
| | | KWACT03 | TAP COMP TANK #2 BOT | A | Y | 1 | | |
| | | KWADT01 | DISTRIBUTION TAP #1 | A | Y | 1 | | |
| | | KWAHT01 | HOLDING TANK TAP 1 | A | Y | 1 | | |
| | | KWAW01 | TAP WELL #1 | A | Y | 1 | | |
| | | KWAW02 | TAP WELL #2 | A | Y | 1 | | |
| | | KWAW03 | TAP WELL #3 | A | Y | 1 | | |

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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 | | |
| CT0780051 | KNOLLWOOD APARTMENTS | C | 312 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 S. EAGLEVILLE RD, MANSFIELD | | | 136 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

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 |
|--------------------------|-------------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 1970 | WELL 5 | 2 | WELL 5 | A | | | | |
| 289 | WELL 3 | 2 | WELL 3 | A | | | | |
| 290 | WELL 2 | 2 | WELL 2 | A | | | | |
| 45466 | ATMOSPHERIC STORAGE | | | | | | | |
| 45469 | HYDROPNEUMATIC PRESSURE TANKS | | | | | | | |
| 62244 | OCCT TREATMENT | | | | | | | |
| 62845 | BOOSTER PUMPS | | | | | | | |

Certified Operator Information

| | | | |
|--|----------------------|---|---------------------------------|
| Water System Facility: OCCT TREATMENT (WSF ID: 62244) | | | |
| Facility Classification: CLASS 1 TREATMENT PLANT | | | |
| Operator Name | Operator Type | Certification(s) | Certification Expiration |
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |

Contact Information

| | | | | | | | |
|--|-----------|-------------------------------|--------------|-----------------|------------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Yitzchok Rabinowitz | | Wilmington Property Group LLC | | | Owner | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 61 Interstate Ln | | | | | Waterbury | CT | 06705 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-573-9870 | 101 | 203-575-2078 | | | yr@axelagroup.com | | |
| Contact Role(s): Legal Contact, Owner | | | | | | | |
| Name | | Organization | | | Job Title | | |
| Mrs. Jody Arrington | | Storrs Student Living | | | Property Manager | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 1 Royce Circle | | | | | Storrs | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-374-4047 | | | | | jody@storrsstudentliving.com | | |
| Contact Role(s): Administrative Contact | | | | | | | |

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780051 | KNOLLWOOD APARTMENTS | C | 312 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 101 S. EAGLEVILLE RD, MANSFIELD | | | 136 | | | | |

Towns Served: MANSFIELD

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 | | |
| CT0780061 | ORCHARD ACRES ASSOCIATION | C | 176 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 45 & AMP; 77 CHENEY DRIVE | | | 88 | | | | |

Towns Served: MANSFIELD

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 | 1/1/23 - 12/31/31 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | | |
| | 12/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 1/31/24 | | Complete | | |
| | 2/1/24 - 2/29/24 | | Complete | | |
| | 3/1/24 - 3/31/24 | | Complete | | |
| | 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 - 10/31/24 | | | | |
| 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 month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | | |
| | 12/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 1/31/24 | | Complete | | |
| | 2/1/24 - 2/29/24 | | Complete | | |
| | 3/1/24 - 3/31/24 | | Complete | | |
| | 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 - 10/31/24 | | | | |
| Water System Facility: ENTRY POINT - LOWER SYSTEM (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) | 1/1/22 - 12/31/24 | | Complete | | |
| | 1/1/25 - 12/31/27 | | | | |

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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 | | |
| CT0780061 | ORCHARD ACRES ASSOCIATION | C | 176 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 45 & 77 CHENEY DRIVE | | | 88 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

Water System Facility: ENTRY POINT - LOWER SYSTEM (WSF ID: 00700)

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

| Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) | 1 routine (RT) per six years | | | |
|---|------------------------------|--------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| ENTRY POINT (3) | 1/1/20 - 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) | 1/1/22 - 12/31/24 | | Complete | |
| | 1/1/25 - 12/31/27 | | | |

Water System Facility: ENTRY POINT - UPPER SYSTEM (WSF ID: 00701)

| 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) | 1/1/22 - 12/31/24 | | | |
| | 1/1/25 - 12/31/27 | | | |

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

| Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) | 1 routine (RT) per six years | | | |
|---|------------------------------|--------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| ENTRY POINT (3) | 1/1/20 - 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) | 1/1/22 - 12/31/24 | | | |
| | 1/1/25 - 12/31/27 | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</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 | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780061 | ORCHARD ACRES ASSOCIATION | C | 176 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 45 & 77 CHENEY DRIVE | | | 88 | | | | |

Towns Served: MANSFIELD

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--|------------|---------------|
| DISTRIBUTION SYSTEM MATERIALS EVALUATION | 6/15/2020 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CROSS CONNECTION EXEMPTION | 3/1/2026 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|----------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | OA17 | DISTRIBUTION SYSTEM | I | Y | | | |
| | | OA21 | DISTRIBUTION SYSTEM | I | Y | | | |
| | | OA45 | DISTRIBUTION SYSTEM | I | Y | | | |
| | | OA49 | DISTRIBUTION SYSTEM | I | Y | | | |
| | | OA86 | DISTRIBUTION SYSTEM | I | Y | | | |
| | | ORAR001 | UNIT 44 | A | Y | 2 | | Y |
| | | ORAR002 | UNIT 2 | A | Y | 2 | | Y |
| | | ORAR003 | UNIT 3 | A | Y | 2 | | Y |
| | | ORAR004 | UNIT 8 | A | Y | 2 | | |
| | | ORAR005 | RENTAL OFFICE RSTRM | A | Y | 2 | Y | Y |
| | | ORAR006 | UNIT 4 | A | Y | 2 | | Y |
| | | ORAR007 | UNIT 48 | A | Y | 2 | | Y |
| | | ORAR008 | UNIT 52 | A | Y | 2 | | Y |
| ORAR009 | UNIT 56 | A | Y | 2 | | Y | | |
| ORAR010 | UNIT 76 | A | Y | 2 | | Y | | |
| ORAR011 | UNIT 78 | A | Y | 2 | | Y | | |
| ORAR012 | UNIT 86 | A | Y | 2 | | Y | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT - LOWER SYSTEM | 3 | ENTRY POINT | A | | | | |
| 00701 | ENTRY POINT - UPPER SYSTEM | 3 | ENTRY POINT | A | | | | |
| 242 | WELL 4 | 2 | WELL 4 | A | | | | |
| 244 | WELL 1 | 2 | WELL 1 | A | | | | |
| 245 | WELL 2 | 2 | WELL 2 | A | | | | |
| 51007 | ATM TANK1 | | | | | | | |
| 51009 | ATM TANK2 | | | | | | | |
| 51011 | PRESSURE TANK 1 | | | | | | | |
| 51013 | ATM TANK3 | | | | | | | |
| 51015 | PRESSURE TANK 2 | | | | | | | |

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 | | |
| CT0780061 | ORCHARD ACRES ASSOCIATION | C | 176 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 45 & 77 CHENEY DRIVE | | 88 | | | | | |

Towns Served: MANSFIELD

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------------|-------------------|---|--------------------------|
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |

Contact Information

| | | | | | | | | |
|----------------------------|-----------|-----|--------------------------|-----------------|---------------------|---------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Gershon Eichorn | | | Up Realty | | | Member | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 34 Connecticut Blvd | | | | | | East Hartford | CT | 06108 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 718-207-2168 | | | | | gershonny@gmail.com | | | |

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

| | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Pardes LLC | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 619 Eastern Parkway | | | | | | Brooklyn | NY | 11213 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |

Contact Role(s): **Owner**

| | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|-------------------|---------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Julio Oguendo | | | Up Realty LLC | | | Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 34 Connecticut Blvd | | | | | | East Hartford | CT | 06108 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-955-0026 | | | | | JB@uprealtyct.com | | | |

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780081 | CTWC - PINEWOODS LANE DIV | C | 68 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 18 | | | | |

Towns Served: MANSFIELD

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 | 1/1/23 - 12/31/31 | | | | |
| 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) | | | | | |
| Net Gross Alpha (4000) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| Uranium (4006) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| Combined Radium-226/228 (4010) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| 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) | 1/1/23 - 12/31/25 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| 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 | | |

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 | | |
| CT0780081 | CTWC - PINEWOODS LANE DIV | C | 68 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 18 | | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|--|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 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) | 1/1/21 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/26 | | |
| | 1/1/27 - 12/31/29 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2029 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | PINE001 | 10 PINEWOODS | A | Y | 3 | Y | |
| | | PINE002 | 12 PINEWOODS | A | Y | 3 | Y | |
| | | PINE003 | 15 PINEWOODS | A | Y | 3 | Y | |
| | | PINE004 | 16 PINEWOODS | A | Y | 3 | Y | |
| | | PINE005 | 18 PINEWOODS | A | Y | 3 | Y | |
| | | PINE006 | 19 PINEWOODS | A | Y | 3 | Y | |
| | | PINE007 | 24 PINEWOODS | A | Y | 3 | Y | |
| | | PINE008 | 25 PINEWOODS | A | Y | 3 | Y | |
| | | PINE009 | 29 PINEWOODS | A | Y | 3 | Y | |
| | | PINE010 | 30 PINEWOODS | A | Y | 3 | Y | |
| | | PINE011 | 33 PINEWOODS | A | Y | 3 | Y | |
| | | PINE012 | 34 PINEWOODS | A | Y | 3 | Y | |
| | | PINE013 | 35 PINEWOODS | A | Y | 3 | Y | |
| | | PINE014 | 38 PINEWOODS | A | Y | 3 | Y | |

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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 | | |
| CT0780081 | CTWC - PINWOODS LANE DIV | C | 68 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 18 | | | | | |

Towns Served: MANSFIELD

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | PINE015 | 41 PINWOODS | A | Y | 3 | Y | |
| | | PINE016 | 100 WARRENVILLE | A | Y | 3 | Y | |
| | | PINE017 | 104 WARRENVILLE | A | Y | 3 | Y | |
| | | PINE018 | 108 WARRENVILLE | A | Y | 3 | Y | |
| | | PINE019 | SAMPLE STATION | A | Y | | Y | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 293 | WELL 1 | 2 | WELL 1 | A | | | | |
| 51023 | ATMOSPHERIC STORAGE | | | | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------|-------------------|--|--------------------------|
| CONNORS, JAMES | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 9/30/2024 |
| WILCOX, MELISSA | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 9/30/2025 |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|-----|---------------------------|-----------------|-------------------------|----------------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Craig J. Patla | | | Connecticut Water Company | | | Vp, Service Delivery | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 93 West Main Street | | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-664-6140 | | | | 800-391-1924 | craig.patla@ctwater.com | | | |

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

| | | | | | | | | |
|--------------------------|-----------|--------------|---------------------------|-----------------|--------------------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Paul C. Lowry | | | Connecticut Water Company | | | Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 93 W Main Street | | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-292-2809 | | 860-654-1903 | | 800-208-5700 | ctwcdphadmin@ctwater.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 | | |
| CT0780091 | HUNTING LODGE APARTMENTS | C | 115 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 16 HUNTING HEIGHTS DRIVE | | | 40 | | | | |

Towns Served: MANSFIELD

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 | 1/1/23 - 12/31/31 | | |

Total Coliform (3100) 1 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 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 - 10/31/24 | | |

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 month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| DISTRIBUTION SYSTEM (4) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 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 - 10/31/24 | | |

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

Nickel (1036) 1 routine (RT) per year

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

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 | | |
| CT0780091 | HUNTING LODGE APARTMENTS | C | 115 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 16 HUNTING HEIGHTS DRIVE | | | 40 | | | | |

Towns Served: MANSFIELD

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) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |
| Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) | 1 routine (RT) per six years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/20 - 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 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2024 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | HL16-1 | BLDG 16 UNIT 1 | A | Y | 3 | Y | |
| | | HL16-2 | BLDG 16 UNIT 2 | A | Y | 3 | Y | |
| | | HL16-3 | BLDG 16 UNIT 3 | A | Y | 3 | Y | |
| | | HL16-4 | BLDG 16 UNIT 4 | A | Y | 3 | Y | |
| | | HL16-5 | BLDG 16 UNIT 5 | A | Y | 3 | Y | |
| | | HL16-6 | BLDG 16 UNIT 6 | A | Y | 3 | Y | |
| | | HL16-7 | BLDG 16 UNIT 7 | A | Y | 3 | Y | |

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 | | |
|----------------------------------|---------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780091 | HUNTING LODGE APARTMENTS | C | 115 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 16 HUNTING HEIGHTS DRIVE | | 40 | | | | | |

Towns Served: MANSFIELD

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| | | HL16-8 | BLDG 16 UNIT 8 | A | Y | 3 | Y | |
| | | HL19-1 | BLDG 19 UNIT 1 | A | Y | 3 | Y | |
| | | HL19-2 | BLDG 19 UNIT 2 | A | Y | 3 | Y | |
| | | HL19-3 | BLDG 19 UNIT 3 | A | Y | 3 | Y | |
| | | HL19-4 | BLDG 19 UNIT 4 | A | Y | 3 | Y | |
| | | HL19-5 | BLDG 19 UNIT 5 | A | Y | 3 | Y | |
| | | HL19-6 | BLDG 19 UNIT 6 | A | | 3 | Y | |
| | | HL19-7 | BLDG 19 UNIT 7 | A | Y | 3 | Y | |
| | | HL19-8 | BLDG 19 UNIT 8 | A | Y | 3 | Y | |
| | | HL24-1 | BLDG 24 UNIT 1 | A | Y | 3 | Y | |
| | | HL24-2 | BLDG 24 UNIT 2 | A | Y | 3 | Y | |
| | | HL24-3 | BLDG 24 UNIT 3 | A | Y | 3 | Y | |
| | | HL24-4 | BLDG 24 UNIT 4 | A | Y | 3 | Y | |
| | | HL24-5 | BLDG 24 UNIT 5 | A | Y | 3 | Y | |
| | | HL24-6 | BLDG 24 UNIT 6 | A | Y | 3 | Y | |
| | | HL24-7 | BLDG 24 UNIT 7 | A | Y | 3 | Y | |
| | | HL24-8 | BLDG 24 UNIT 8 | A | Y | 3 | Y | |
| | | HL30-1 | BLDG 30 UNIT 1 | A | | 3 | Y | |
| | | HL30-2 | BLDG 30 UNIT 2 | A | Y | 3 | Y | |
| | | HL30-3 | BLDG 30 UNIT 3 | A | | 3 | Y | |
| | | HL30-4 | BLDG 30 UNIT 4 | A | Y | 3 | Y | |
| | | HL30-5 | BLDG 30 UNIT 5 | A | Y | 3 | Y | |
| | | HL30-6 | BLDG 30 UNIT 6 | A | Y | 3 | Y | |
| | | HL30-7 | BLDG 30 UNIT 7 | A | Y | 3 | Y | |
| | | HL30-8 | BLDG 30 UNIT 8 | A | Y | 3 | Y | |
| | | HL37-1 | BLDG 37 UNIT 1 | A | Y | 3 | Y | |
| | | HL37-2 | BLDG 37 UNIT 2 | A | Y | 3 | Y | |
| | | HL37-3 | BLDG 37 UNIT 3 | A | Y | 3 | Y | |
| | | HL37-4 | BLDG 37 UNIT 4 | A | Y | 3 | Y | |
| | | HL37-5 | BLDG 37 UNIT 5 | A | Y | 3 | Y | |
| | | HL37-6 | BLDG 37 UNIT 6 | A | Y | 3 | Y | |
| | | HL37-7 | BLDG 37 UNIT 7 | A | Y | 3 | Y | |
| | | HL37-8 | BLDG 37 UNIT 8 | A | Y | 3 | Y | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 1830 | WELL 2 | 2 | WELL 2 | A | | | | |
| 240 | WELL 1 | 2 | WELL 1 | A | | | | |
| 45481 | ATMOSPHERIC STORAGE | | | | | | | |

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 | | |
| CT0780091 | HUNTING LODGE APARTMENTS | C | 115 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 16 HUNTING HEIGHTS DRIVE | | 40 | | | | | |

Towns Served: MANSFIELD

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|------------------|----------------|---|--------------------------|
| COSSETTE, EVAN J | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS IV | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR IN TRAINING | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 9/30/2024 |

Contact Information

| | | | | | | |
|-------------------------------|-----------|--------------------------|--------------|-----------------|---------------|----------|
| Name | | Organization | | | Job Title | |
| Corridor Ventures Inc. | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 20 Avon Meadow Lane | | | | Avon | CT | 06001 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| | | | | | | |

Contact Role(s): **Owner**

| | | | | | | |
|---------------------------|-----------|--------------------------|--------------|-----------------|---------------------|----------|
| Name | | Organization | | | Job Title | |
| Mr. Ira Haynie | | Emet Capital Mngt | | | Sn Vp | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 589 Fifth Ave, 16Th Floor | | | | New York | NY | 10017 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 212-725-7908 | | | | | ihaynie@emetcap.com | |

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780101 | CLUB HOUSE APARTMENTS | C | 115 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 3 CLUBHOUSE CIRCLE | | | 44 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Chlorine Residual (1012) | 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 | | |

| 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 | 1/1/23 - 12/31/31 | | |

| 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 | | |

| Disinfectant Byproducts - TTHM & HAA5 (DBP) | 1 routine (RT) per year | | |
|--|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| BUILDINGS 3 OR 39 UNITS A-D (CHA03CHA39) | 1/1/23 - 12/31/23 | 8/1-8/31 | Complete |
| | 1/1/24 - 12/31/24 | 8/1-8/31 | |
| | 1/1/25 - 12/31/25 | 8/1-8/31 | |

| 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 | 1/1/23 - 12/31/25 | 6/1-9/30 | |
| | 1/1/26 - 12/31/28 | 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) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |

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

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 | | |
| CT0780101 | CLUB HOUSE APARTMENTS | C | 115 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 3 CLUBHOUSE CIRCLE | | | 44 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) | | 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> |
| ENTRY POINT (3) | 1/1/23 - 12/31/31 | | |
| 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 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 | | |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Monthly Water System Facility (WSF) Level Monitoring Requirements

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

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|-----------------------------|---|---------------------------|---------------------------|
| Chlorine | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2 MG/L | Daily |
| Start Date: 1/1/2004 | 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 | | |
| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 6.4 PH | Daily |
| Start Date: 7/1/2003 | 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 FISCAL AND ASSET MANAGEMENT CERT | 1/1/2021 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | |

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780101 | CLUB HOUSE APARTMENTS | C | 115 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 3 CLUBHOUSE CIRCLE | | 44 | | | | | |

Towns Served: MANSFIELD

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | CHA03A | APARTMENT | A | Y | 1 | | |
| | | CHA03B | APARTMENT | A | Y | 1 | | |
| | | CHA03C | APARTMENT | A | Y | 1 | | |
| | | CHA03CHA39 | BUILDINGS 3 OR 39 UN | A | | | | Y |
| | | CHA03D | APARTMENT 3D | A | Y | 1 | | Y |
| | | CHA07A | APARTMENT | A | Y | 1 | | |
| | | CHA07B | APARTMENT | A | Y | 1 | | |
| | | CHA07C | APARTMENT | A | Y | 1 | | |
| | | CHA07D | APARTMENT | A | Y | 1 | | |
| | | CHA11A | APARTMENT | A | Y | 1 | | |
| | | CHA11B | APARTMENT | A | Y | 1 | | |
| | | CHA11C | APARTMENT | A | Y | 1 | | |
| | | CHA11D | APARTMENT | A | Y | 1 | | |
| | | CHA12A | APARTMENT | A | Y | 1 | | |
| | | CHA12B | APARTMENT | A | Y | 1 | | |
| | | CHA12C | APARTMENT | A | Y | 1 | | |
| | | CHA12D | APARTMENT | A | Y | 1 | | |
| | | CHA13A | APARTMENT | A | Y | 1 | | |
| | | CHA13B | APARTMENT | A | Y | 1 | | |
| | | CHA13C | APARTMENT | A | Y | 1 | | |
| | | CHA13D | APARTMENT | A | Y | 1 | | |
| | | CHA24A | APARTMENT | A | Y | 1 | | |
| | | CHA24B | APARTMENT | A | Y | 1 | | |
| | | CHA24C | APARTMENT | A | Y | 1 | | |
| | | CHA24D | APARTMENT | A | Y | 1 | | |
| | | CHA29A | APARTMENT | A | Y | 1 | | |
| | | CHA29B | APARTMENT | A | Y | 1 | | |
| | | CHA29C | APARTMENT | A | Y | 1 | | |
| | | CHA29D | APARTMENT | A | Y | 1 | | |
| | | CHA32A | APARTMENT | A | Y | 1 | | |
| | | CHA32B | APARTMENT | A | Y | 1 | | |
| | | CHA32C | APARTMENT | A | Y | 1 | | |
| | | CHA32D | APARTMENT | A | Y | 1 | | |
| | | CHA33A | APARTMENT | A | Y | 1 | | |
| | | CHA33B | APARTMENT | A | Y | 1 | | |
| | | CHA33C | APARTMENT | A | Y | 1 | | |
| | | CHA33D | APARTMENT | A | Y | 1 | | |
| | | CHA35A | APARTMENT | 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 | | |
|----------------------------------|-----------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780101 | CLUB HOUSE APARTMENTS | C | 115 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 3 CLUBHOUSE CIRCLE | | | 44 | | | | |

Towns Served: MANSFIELD

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 |
|--------------------------|------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | CHA35B | APARTMENT | A | Y | 1 | | |
| | | CHA35C | APARTMENT | A | Y | 1 | | |
| | | CHA35D | APARTMENT | A | Y | 1 | | |
| | | CHA39 | CLH | A | Y | | | |
| | | CHA39A | APARTMENT | A | Y | 1 | | |
| | | CHA39B | APARTMENT | A | Y | 1 | | |
| | | CHA39C | APARTMENT | A | Y | 1 | | |
| | | CHA39D | APARTMENT | A | Y | 1 | | |
| | | CHACT01 | SAMP TAP COMP TANK | A | Y | 1 | | |
| | | CHADT01 | DISTRIBUTION TAP #1 | A | Y | 1 | | |
| | | CHAEXT01 | EXTERIOR TAP#1 | A | Y | 1 | | |
| | | CHAEXT02 | EXTERIOR TAP#2 | A | Y | 1 | | |
| | | CHAFT01 | FILTER SAMP TAP #1 | A | | | | |
| | | CHAHT01 | HOLDING TANK TAP 1 | A | Y | 1 | | |
| | | CHASHOP | MAINT. SHOP SINK | A | Y | 1 | | |
| | | CHAW01 | SAMPLING TAP WELL #1 | A | Y | 1 | | |
| | | CHAW02 | SAMPLING TAP WELL #2 | A | | | | |
| | | CHAWBLND | SAMP TAP BLENDED | A | Y | 1 | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 214 | WELL 1 | 2 | WELL 1 | A | | | | |
| 36382 | TREATMENT PLANT | | | | | | | |
| 37242 | ATMOSPHERIC STORAGE | | | | | | | |
| 37245 | HYDROPNEUMATIC STORAGE | | | | | | | |

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 36382)**

Facility Classification: CLASS 2 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------------|-------------------|---|--------------------------|
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |

Contact Information

| Name | Organization | Job Title | | |
|--------------------------|-------------------------------|-----------|-------|----------|
| Mr. Yitzchok Rabinowitz | Willington Property Group LLC | Owner | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 61 Interstate Ln | | Waterbury | CT | 06705 |

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 |
|------------------|------------------------------|----------------|------------|------------|----------------|
| CT0780101 | CLUB HOUSE APARTMENTS | C | 115 | P | GW |

| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
|----------------------------------|---------------------|-------------|------------|------------|----------|--------------|
| 3 CLUBHOUSE CIRCLE | | 44 | | | | |

Towns Served: MANSFIELD

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|--------------|--------------|-----------------|-------------------|
| 203-573-9870 | 101 | 203-575-2078 | | | yr@axelagroup.com |

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

| Name | Organization | Job Title |
|----------------------------|-----------------------|------------------|
| Mrs. Jody Arrington | Storrs Student Living | Property Manager |

| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
|--------------------------|--------------------------|--------|-------|----------|
| 1 Royce Circle | | Storrs | CT | 06268 |

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|-----|--------------|-----------------|------------------------------|
| 860-374-4047 | | | | | jody@storrsstudentliving.com |

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

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

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

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

End of schedule

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

| | | | | | | | |
|----------------------------------|---------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780121 | CTWC - BIRCHWOOD HEIGHTS | C | 76 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 20 | | | | |

Towns Served: MANSFIELD

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 | 1/1/23 - 12/31/31 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | | |
| | 12/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 1/31/24 | | Complete | | |
| | 2/1/24 - 2/29/24 | | Complete | | |
| | 3/1/24 - 3/31/24 | | Complete | | |
| | 4/1/24 - 4/30/24 | | Complete | | |
| | 5/1/24 - 5/31/24 | | Complete | | |
| | 6/1/24 - 6/30/24 | | Complete | | |
| | 7/1/24 - 7/31/24 | | Complete | | |
| | 8/1/24 - 8/31/24 | | Complete | | |
| | 9/1/24 - 9/30/24 | | Complete | | |
| | 10/1/24 - 10/31/24 | | Complete | | |
| 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 | Complete | | |
| | 1/1/27 - 12/31/29 | 6/1-9/30 | Complete | | |
| Physical Parameters (PPS) | | 1 routine (RT) per month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | | |
| | 12/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 1/31/24 | | Complete | | |
| | 2/1/24 - 2/29/24 | | Complete | | |
| | 3/1/24 - 3/31/24 | | Complete | | |
| | 4/1/24 - 4/30/24 | | Complete | | |
| | 5/1/24 - 5/31/24 | | Complete | | |
| | 6/1/24 - 6/30/24 | | Complete | | |
| | 7/1/24 - 7/31/24 | | Complete | | |
| | 8/1/24 - 8/31/24 | | Complete | | |
| | 9/1/24 - 9/30/24 | | Complete | | |
| | 10/1/24 - 10/31/24 | | Complete | | |
| Water System Facility: ENTRY POINT - UPPER PUMP HOUSE (WSF ID: 00701) | | | | | |
| Net Gross Alpha (4000) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete | | |

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 | | |
| CT0780121 | CTWC - BIRCHWOOD HEIGHTS | C | 76 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 20 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: ENTRY POINT - UPPER PUMP HOUSE (WSF ID: 00701)

| Net Gross Alpha (4000) | 1 routine (RT) per three years | | |
|--|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 1/1/26 - 12/31/28 | | |
| Uranium (4006) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Combined Radium-226/228 (4010) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| 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) | 1/1/22 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 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 (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 | 1/1-12/31 | Waiver |
| 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) | 1/1/26 - 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) | 1/1/22 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/27 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| 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

| <i>Water System</i> | <i>Water System Facility</i> | <i>Sampling Point</i> | <i>Sampling Point</i> | <i>Total Coliform</i> | <i>Lead and Copper</i> | <i>Stage</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 | | |
| CT0780121 | CTWC - BIRCHWOOD HEIGHTS | C | 76 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 20 | | | | | |

Towns Served: MANSFIELD

| Facility ID | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPR |
|-------------|--------------------------------|-------------|----------------------|------|-----------|----------|------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | |
| | | 4-1 | #35 Kitchen Sink | A | Y | | |
| | | BHE001 | 99 BIRCHWOOD HEIGHT | A | Y | 3 | |
| | | BHE002 | 92 BIRCHWOOD HEIGHT | A | Y | 3 | |
| | | BHE003 | 64 BIRCHWOOD HEIGHT | A | Y | 3 | |
| | | BHE004 | 69 BIRCHWOOD HEIGHT | A | Y | 3 | |
| | | BHE005 | 40 BIRCHWOOD HEIGHT | A | Y | 3 | |
| | | BHE006 | 77 BIRCHWOOD HEIGHT | A | Y | N | |
| | | BHE007 | 24 BIRCHWOOD HEIGHTS | A | Y | 3 | |
| | | BHE008 | 29 BIRCHWOOD HEIGHTS | A | Y | 3 | |
| | | BHE009 | 35 BIRCHWOOD HEIGHTS | A | Y | 3 | |
| | | BHE010 | 41 BIRCHWOOD HEIGHTS | A | Y | 3 | |
| | | BHE011 | 55 BIRCHWOOD HEIGHTS | A | Y | 3 | |
| | | BHE012 | 58 BIRCHWOOD HEIGHTS | A | Y | 3 | |
| | | BHE013 | 61 BIRCHWOOD HEIGHTS | A | Y | 3 | |
| | | BHE014 | 70 BIRCHWOOD HEIGHTS | A | Y | 3 | |
| | | BHE015 | 89 BIRCHWOOD HEIGHTS | A | Y | 3 | |
| | | BHE016 | 102 BIRCHWOOD HEIGHT | A | Y | 3 | |
| | | BHE017 | 1097 STORRS RD | A | Y | 3 | |
| | | BHE018 | 1105 STORRS RD | A | Y | 3 | |
| | | BHE019 | SAMPLE STATION | A | Y | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | |
| 00701 | ENTRY POINT - UPPER PUMP HOUSE | 3 | ENTRY POINT | A | | | |
| 1941 | WELL 4 | 2 | WELL 4 | A | | | |
| 52619 | WELL 4 ATM TANK | | | | | | |
| 52622 | WELL 4 HYDROPNEUMATIC TANK | | | | | | |
| 52625 | WELL 4 PUMP STATION | | | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------|-------------------|--|--------------------------|
| CONNORS, JAMES | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 9/30/2024 |
| WILCOX, MELISSA | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 9/30/2025 |

Contact Information

| | | | | | | |
|---------------------------|-----------|---------------------------|--------------------------|-----------------|----------------------|-------|
| Name | | Organization | | | Job Title | |
| Mr. Craig J. Patla | | Connecticut Water Company | | | Vp, Service Delivery | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State |
| 93 West Main Street | | | | | Clinton | CT |
| Zip Code | 06413 | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |

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

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

| | | | | | | | | |
|--|---------------------------------|---------------------|---------------------------|-------------------------|--------------------------|-----------|--------------|----------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT0780121 | CTWC - BIRCHWOOD HEIGHTS | C | 76 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| | | 20 | | | | | | |
| Towns Served: MANSFIELD | | | | | | | | |
| 860-664-6140 | | 800-391-1924 | | craig.patla@ctwater.com | | | | |
| Contact Role(s): Legal Contact, Owner | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Paul C. Lowry | | | Connecticut Water Company | | | Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 93 W Main Street | | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-292-2809 | | 860-654-1903 | | 800-208-5700 | ctwcdphadmin@ctwater.com | | | |
| Contact Role(s): Administrative Contact | | | | | | | | |

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780131 | WOODS EDGE APARTMENTS | C | 96 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 264 MOUNT HOPE ROAD | | | 32 | | | | |

Towns Served: MANSFIELD

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 | 1/1/23 - 12/31/31 | | |

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

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 12/5/23 - 12/10/23 | | Complete |

Total Coliform (3100) 1 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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 month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Water System Facility: **ENTRY POINT - WELL 1 (WSF ID: 00700)**

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 | | |
| CT0780131 | WOODS EDGE APARTMENTS | C | 96 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 264 MOUNT HOPE ROAD | | | 32 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700)

Net Gross Alpha (4000) 1 routine (RT) per three years

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

Uranium (4006) 1 routine (RT) per three years

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

Combined Radium-226/228 (4010) 1 routine (RT) per three years

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

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) | 1/1/22 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/27 | | |

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

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 1/1/23 - 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 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 | | |

Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 00701)

Net Gross Alpha (4000) 1 routine (RT) per three years

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |

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 | | |
| CT0780131 | WOODS EDGE APARTMENTS | C | 96 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 264 MOUNT HOPE ROAD | | | 32 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: **ENTRY POINT - WELL 2 (WSF ID: 00701)**

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

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

| | |
|---|---------------------------------------|
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 |
| | 1/1/25 - 12/31/27 |
| | <i>Collection Period</i> |
| | <i>Compliance Status</i> |

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

| | |
|--|---------------------------------------|
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | 1 routine (RT) per three years |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 |
| | 1/1/26 - 12/31/28 |
| | <i>Collection Period</i> |
| | <i>Compliance Status</i> |
| | Complete |

| | |
|---|---------------------------------------|
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | 1 routine (RT) per three years |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 |
| | 1/1/26 - 12/31/28 |
| | <i>Collection Period</i> |
| | <i>Compliance Status</i> |
| | Complete |

| | |
|---|---------------------------------------|
| Organic Chemicals (VOCS) | 1 routine (RT) per three years |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> |
| ENTRY POINT (3) | 1/1/21 - 12/31/23 |
| | 1/1/24 - 12/31/26 |
| | 1/1/27 - 12/31/29 |
| | <i>Collection Period</i> |
| | <i>Compliance Status</i> |
| | Complete |

Water System Facility: **WELL 1 (WSF ID: 1550)**

| | |
|---|------------------------------------|
| E. Coli (3014) | 1 triggered (TG) per period |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> |
| WELL 1 (2) | 12/4/23 - 12/10/23 |
| | <i>Collection Period</i> |
| | <i>Compliance Status</i> |
| | Complete |

Water System Facility: **WELL 2 (WSF ID: 284)**

| | |
|---|------------------------------------|
| E. Coli (3014) | 1 triggered (TG) per period |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> |
| WELL 2 (2) | 12/4/23 - 12/10/23 |
| | <i>Collection Period</i> |
| | <i>Compliance Status</i> |
| | Complete |

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 | | |
| CT0780131 | WOODS EDGE APARTMENTS | C | 96 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 264 MOUNT HOPE ROAD | | | 32 | | | | |

Towns Served: MANSFIELD

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|---|------------|---------------|
| SUBMIT FISCAL AND ASSET MANAGEMENT CERT | 1/1/2021 | |
| RESPOND TO SANITARY SURVEY | 3/1/2024 | |
| RESPOND TO SANITARY SURVEY | 3/1/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CROSS CONNECTION EXEMPTION | 3/1/2029 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|---------------------------|-------------------|---------------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | | | WE01 UNITS #1-4 | A | Y | 2 | Y | |
| | | | WE02 UNITS #5-8 | A | Y | 2 | | |
| | | | WE03 UNITS #9-12 | A | Y | 2 | | |
| | | | WE04 UNITS #13-16 | A | Y | 2 | | |
| | | | WE05 UNITS #17-20 | A | Y | 2 | | |
| | | | WE06 UNITS #21-24 | A | Y | 2 | | |
| | WE07 UNITS #25-28 | A | Y | 2 | | | | |
| | WE08 UNITS #29-32 | A | Y | 2 | | | | |
| 00700 | ENTRY POINT - WELL 1 | 3 | ENTRY POINT | A | | | | |
| 00701 | ENTRY POINT - WELL 2 | 3 | ENTRY POINT | A | | | | |
| 1550 | WELL 1 | 2 | WELL 1 | A | | | | |
| 284 | WELL 2 | 2 | WELL 2 | A | | | | |
| 37383 | PIT 1 HYDROPNEUMATIC TANK | | | | | | | |
| 37387 | PIT 2 HYDROPNEUMATIC 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 |
|-----------------------|-------------------|---|--------------------------|
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |

Contact Information

| | | | | |
|----------------------------|--------------------------|-----------|-------|----------|
| Name | Organization | Job Title | | |
| Mr. Gershon Eichorn | Up Realty | Member | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|------------------|------------------------------|----------------|------------|------------|----------------|
| CT0780131 | WOODS EDGE APARTMENTS | C | 96 | P | GW |

| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
|----------------------------------|---------------------|-------------|------------|------------|----------|--------------|
| 264 MOUNT HOPE ROAD | | 32 | | | | |

Towns Served: MANSFIELD

| | | | |
|---------------------|---------------|----|-------|
| 34 Connecticut Blvd | East Hartford | CT | 06108 |
|---------------------|---------------|----|-------|

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|-----|--------------|-----------------|---------------------|
| 718-207-2168 | | | | | gershonny@gmail.com |

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

| Name | Organization | Job Title |
|--------------------------|---------------|-----------|
| Mr. Julio Oquendo | Up Realty LLC | Manager |

| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
|--------------------------|--------------------------|---------------|-------|----------|
| 34 Connecticut Boulevard | | East Hartford | CT | 06109 |

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|-----|--------------|-----------------|-------------------|
| 860-856-3346 | | | | 860-856-3346 | jb@uprealtyct.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 | | |
| CT0780161 | MAPLEWOOD-MILLBROOK APARTMENTS | C | 153 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1 CARLETON RD | | | 52 | | | | |

Towns Served: MANSFIELD

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 | 1/1/23 - 12/31/31 | | |

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

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 12/7/23 - 12/12/23 | | Complete |

Total Coliform (3100) **1 routine (RT) per month**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Lead And Copper (PBCU) **10 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 month**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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

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 | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780161 | MAPLEWOOD-MILLBROOK APARTMENTS | C | 153 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1 CARLETON RD | | | 52 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

Net Gross Alpha (4000) **1 routine (RT) per three years**

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

Uranium (4006) **1 routine (RT) per three years**

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

Combined Radium-226/228 (4010) **1 routine (RT) per three years**

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

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) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |

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

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 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 | | |

Water System Facility: WELL 2 (WSF ID: 271)

E. Coli (3014) **1 triggered (TG) per period**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| WELL 2 (2) | 12/6/23 - 12/12/23 | | Complete |

Water System Facility: WELL 1 (WSF ID: 291)

E. Coli (3014) **1 triggered (TG) per period**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| WELL 1 (2) | 12/6/23 - 12/12/23 | | Complete |

Monthly Water System Facility (WSF) Level Monitoring Requirements

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 | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780161 | MAPLEWOOD-MILLBROOK APARTMENTS | C | 153 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1 CARLETON RD | | | 52 | | | | |

Towns Served: MANSFIELD

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|-----------------------------|---------------------------------------|----------------------------|---------------------------|
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7.4 PH | Daily |
| Start Date: 2/1/2022 | | Compliance History: | Operating Limit |
| | | Monitoring Period | 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 | |

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|-----------------------------|---------------------------------------|----------------------------|---------------------------|
| pH | Entry Point pH Monitoring (PHRD) | Maximum: 7.8 PH | Daily |
| Start Date: 2/1/2022 | | Compliance History: | Operating Limit |
| | | Monitoring Period | 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 |
|---|------------|---------------|
| SWTS 2: DWS REVIEW & APPROVAL OF SOWT | | |
| CCTS 2: DWS REVIEW & APPROVAL OF OCCT | | |
| SUBMIT FISCAL AND ASSET MANAGEMENT CERT | 1/1/2021 | |
| 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 | | | | |
| | | MBA01A | APARTMENT 1A | A | Y | N | | |
| | | MBA01B | APARTMENT 1B | A | Y | N | | |
| | | MBA01C | APARTMENT | A | Y | N | | |
| | | MBA01D | APARTMENT | A | Y | N | | |
| | | MBA028 | MB 2B | A | Y | | | |
| | | MBA02A | APARTMENT 2A | A | Y | N | | |
| | | MBA02B | APARTMENT 2B | A | Y | N | | |
| | | MBA02C | APARTMENT | A | Y | N | | |
| | | MBA02D | APARTMENT | A | Y | 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 | | |
|----------------------------------|---------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780161 | MAPLEWOOD-MILLBROOK APARTMENTS | C | 153 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1 CARLETON RD | | | 52 | | | | |

Towns Served: MANSFIELD

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| | | MBA03A | APARTMENT 3A | A | Y | N | | |
| | | MBA03B | APARTMENT 3B | A | Y | N | | |
| | | MBA03C | APARTMENT | A | Y | N | | |
| | | MBA03D | APARTMENT | A | Y | N | | |
| | | MWA01A | APARTMENT 1A | A | Y | N | | |
| | | MWA01B | APARTMENT 1B | A | Y | N | | |
| | | MWA01C | APARTMENT | A | Y | N | | |
| | | MWA01D | APARTMENT | A | Y | N | | |
| | | MWA02A | APARTMENT 2A | A | Y | N | | |
| | | MWA02B | APARTMENT 2B | A | Y | N | | |
| | | MWA02C | APARTMENT | A | Y | N | | |
| | | MWA02D | APARTMENT | A | Y | N | | |
| | | MWA03A | APARTMENT 3A | A | Y | N | | |
| | | MWA03B | APARTMENT 3B | A | Y | N | | |
| | | MWA03C | APARTMENT | A | Y | N | | |
| | | MWA03D | APARTMENT | A | Y | N | | |
| | | MWA04A | APARTMENT 4A | A | Y | N | | |
| | | MWA04B | APARTMENT 4B | A | Y | N | | |
| | | MWA04C | APARTMENT | A | Y | N | | |
| | | MWA04D | APARTMENT | A | Y | N | | |
| | | MWA05A | APARTMENT 5A | A | Y | N | | |
| | | MWA05B | APARTMENT 5B | A | Y | N | | |
| | | MWA05C | APARTMENT | A | Y | N | | |
| | | MWA05D | APARTMENT | A | Y | N | | |
| | | MWA06A | APARTMENT 6A | A | Y | N | Y | Y |
| | | MWA06B | APARTMENT 6B | A | Y | N | Y | Y |
| | | MWA06C | APARTMENT | A | Y | N | | |
| | | MWA06D | APARTMENT | A | Y | N | | |
| | | MWA07A | APARTMENT 7A | A | Y | N | Y | Y |
| | | MWA07B | APARTMENT 7B | A | Y | N | Y | Y |
| | | MWA07C | APARTMENT | A | Y | N | | |
| | | MWA07D | APARTMENT | A | Y | N | | |
| | | MWA08A | APARTMENT 8A | A | Y | N | | |
| | | MWA08B | APARTMENT 8B | A | Y | N | | |
| | | MWA08C | APARTMENT | A | Y | N | | |
| | | MWA08D | APARTMENT | A | Y | N | | |
| | | MWA09A | APARTMENT 9A | A | Y | N | | |
| | | MWA09B | APARTMENT 9B | A | Y | N | | |
| | | MWA09C | APARTMENT | A | Y | N | | |

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 | | |
|----------------------------------|---------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780161 | MAPLEWOOD-MILLBROOK APARTMENTS | C | 153 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1 CARLETON RD | | | 52 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | MWA09D | APARTMENT | A | Y | N | | |
| | | MWA10A | APARTMENT 10A | A | Y | N | | |
| | | MWA10B | APARTMENT 10B | A | Y | N | | |
| | | MWA10C | APARTMENT | A | Y | N | | |
| | | MWA10D | APARTMENT | A | Y | N | | |
| | | MWACT01 | SAMP TAP COMP TANK | A | Y | | | |
| | | MWAHT01 | HOLDING TANK TAP 1 | A | Y | | | |
| | | MWAW01 | SAMPLING TAP WELL #1 | A | Y | | | |
| | | MWAW02 | SAMPLING TAP WELL #2 | A | Y | | | |
| | | MWAWBLND | SAMP TAP BLENDED | A | Y | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 271 | WELL 2 | 2 | WELL 2 | A | | | | |
| 291 | WELL 1 | 2 | WELL 1 | A | | | | |
| 62363 | TREATMENT PLANT | | | | | | | |
| 62643 | ATMOSPHERIC TANK | | | | | | | |

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 62363)

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------------|-------------------|---|--------------------------|
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |

Contact Information

| Name | | Organization | | | Job Title | |
|-------------------------------|-----------|----------------------------|--------------|-----------------|---------------|----------|
| CT Liberty Group LLC | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| C/O Yitz Rabinowitz | | 34 Waterbury Road, Suite 1 | | Prospect | CT | 06704 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| | | | | | | |
| Contact Role(s): Owner | | | | | | |

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|------------------|---------------------------------------|----------------|------------|------------|----------------|
| CT0780161 | MAPLEWOOD-MILLBROOK APARTMENTS | C | 153 | P | GW |

| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
|----------------------------------|---------------------|-------------|------------|------------|----------|--------------|
| 1 CARLETON RD | | 52 | | | | |

Towns Served: MANSFIELD

| Name | Organization | Job Title |
|--------------------------------|-------------------------------|-----------|
| Mr. Yitzchok Rabinowitz | Willington Property Group LLC | Owner |

| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
|--------------------------|--------------------------|-----------|-------|----------|
| 61 Interstate Ln | | Waterbury | CT | 06705 |

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|--------------|--------------|-----------------|-------------------|
| 203-573-9870 | 101 | 203-575-2078 | | | yr@axelagroup.com |

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

| Name | Organization | Job Title |
|----------------------------|-----------------------|------------------|
| Mrs. Jody Arrington | Storrs Student Living | Property Manager |

| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
|--------------------------|--------------------------|--------|-------|----------|
| 1 Royce Circle | | Storrs | CT | 06268 |

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|-----|--------------|-----------------|------------------------------|
| 860-374-4047 | | | | | jody@storrsstudentliving.com |

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780171 | RENWOOD APARTMENTS | C | 190 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 17 DARTMOUTH ROAD | | | 76 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

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

| Chlorine Residual (1012) | 1 routine (RT) per month | | |
|---|--------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| Orthophosphate (1044) | 2 routine (RT) per six months | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 6/30/24 | | |
| | 7/1/24 - 12/31/24 | | |
| 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 | 1/1/23 - 12/31/31 | | |
| Total Alkalinity (1927) | 2 routine (RT) per six months | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 6/30/24 | | Complete |
| | 7/1/24 - 12/31/24 | | |
| Total Haloacetic Acids (2456) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 33A CORNELL (RENWD003) | 1/1/23 - 12/31/23 | 9/1-9/30 | Complete |
| | 1/1/24 - 12/31/24 | 9/1-9/30 | |
| | 1/1/25 - 12/31/25 | 9/1-9/30 | |
| Total Trihalomethanes (2950) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 16 D CORNELL (RENWD001) | 1/1/23 - 12/31/23 | 9/1-9/30 | Complete |
| | 1/1/24 - 12/31/24 | 9/1-9/30 | |
| | 1/1/25 - 12/31/25 | 9/1-9/30 | |
| Total Coliform (3100) | 1 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |

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 | | |
| CT0780171 | RENWOOD APARTMENTS | C | 190 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 17 DARTMOUTH ROAD | | | 76 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

Total Coliform (3100) 1 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

Lead And Copper (PBCU) 10 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 month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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) | 1/1/22 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/27 | | |

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

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

Lead And Copper (PBCU) 1 routine (RT) per six months

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 7/1/23 - 12/31/23 | | Complete |

Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) 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) | 1/1/24 - 3/31/24 | | |

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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 | | |
| CT0780171 | RENWOOD APARTMENTS | C | 190 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 17 DARTMOUTH ROAD | | | 76 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

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

Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) **1 routine (RT) per quarter**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) **1 routine (RT) per six years**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 1/1/20 - 12/31/23 | 1/1-12/31 | |

Pesticides, Herbicides and PCBs - Phase II & V (SOCS) **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) | 1/1/24 - 3/31/24 | | |
| | 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> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | 1/1-12/31 | |

Organic Chemicals (VOCS) **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) | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

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) | 1/1/22 - 12/31/23 | 1/1-12/31 | |

Water System Facility: **WELL 2 (WSF ID: 210)**

E. Coli (3014) **1 routine (RT) per month**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| WELL 2 (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Water System Facility: **WELL 3 (WSF ID: 235)**

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 | | |
| CT0780171 | RENWOOD APARTMENTS | C | 190 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 17 DARTMOUTH ROAD | | | 76 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

Water System Facility: **WELL 3 (WSF ID: 235)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 3 (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Water System Facility: **WELL 4 (WSF ID: 62922)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 4 (2) | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Monthly Water System Facility (WSF) Level Monitoring Requirements

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

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|-----------------------------|---|---------------------------|---------------------------|
| Chlorine | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2 MG/L | Daily |
| Start Date: 3/1/2014 | Compliance History: | Operating Limit | Monitoring |
| | Monitoring Period | Compliance Status: | Compliance Status: |
| | 11/1/2023 - 11/30/2023 | Y | |
| | 12/1/2023 - 12/31/2023 | Y | |
| | 1/1/2024 - 1/31/2024 | Y | |
| | 2/1/2024 - 2/29/2024 | Y | |
| | 3/1/2024 - 3/31/2024 | | |

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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 | | |
| CT0780171 | RENWOOD APARTMENTS | C | 190 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 17 DARTMOUTH ROAD | | | 76 | | | | |

Towns Served: MANSFIELD

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|------------------------------|---|----------------------------|---------------------------|
| Orthophosphate | Entry Point Phosphate Monitoring (PHOS) | Minimum: 3.0 MG/L | 2 |
| Start Date: 12/1/2021 | | Compliance History: | Operating Limit |
| | | Monitoring Period | Compliance Status: |
| | | 11/1/2023 - 11/30/2023 | N |
| | | 12/1/2023 - 12/31/2023 | N |
| | | 1/1/2024 - 1/31/2024 | N |
| | | 2/1/2024 - 2/29/2024 | N |
| | | 3/1/2024 - 3/31/2024 | |
| Orthophosphate | <spaces> () | Maximum: 4.5 MG/L | 2 |
| Start Date: 12/1/2021 | | Compliance History: | Operating Limit |
| | | Monitoring Period | 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 | |
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7.0 PH | 4 |
| Start Date: 12/1/2021 | | Compliance History: | Operating Limit |
| | | Monitoring Period | 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 | |
| pH | Entry Point pH Monitoring (PHRD) | Maximum: 8.0 MG/L | 4 |
| Start Date: 12/1/2021 | | Compliance History: | Operating Limit |
| | | Monitoring Period | Compliance Status: |
| | | 11/1/2023 - 11/30/2023 | Y |
| | | 12/1/2023 - 12/31/2023 | Y |
| | | 1/1/2024 - 1/31/2024 | Y |
| | | 2/1/2024 - 2/29/2024 | Y |
| | | 3/1/2024 - 3/31/2024 | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|---------------------------------------|----------|---------------|
| CCTS 2: DWS REVIEW & APPROVAL OF OCCT | | |
| SWTS 2: DWS REVIEW & APPROVAL OF SOWT | | |
| CCTS 2: DWS REVIEW & APPROVAL OF OCCT | | |

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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 | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780171 | RENWOOD APARTMENTS | C | 190 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 17 DARTMOUTH ROAD | | | 76 | | | | |

Towns Served: MANSFIELD

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|---|-----------------|----------------------|
| CCTS 6: PWS MONITOR AFTER OCCT INSTALL | | |
| SWTS 2: DWS REVIEW & APPROVAL OF SOWT | | |
| SUBMIT FISCAL AND ASSET MANAGEMENT CERT | 1/1/2021 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2022 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2023 | |
| CCTS 1: PWS TO RECOMMEND OCCT | 7/10/2023 | |
| SWTS 1: PWS TO RECOMMEND SOWT | 7/10/2023 | |
| CCTS 1: PWS TO RECOMMEND OCCT | 9/14/2023 | |
| SWTS 1: PWS TO RECOMMEND SOWT | 9/14/2023 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2024 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | 3/14/2024 |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CCTS 5: PWS OCCT INSTALLATION | 6/30/2025 | |

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> |
| Orthophosphate TT Violation | 2/1/24 - 2/29/24 | 2 | 5/3/2024 | | 5/13/2024 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP</i> | <i>2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|------------------|---------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| | | RENWD001 | 16 D CORNELL | A | Y | 2 | Y | Y | Y |
| | | RENWD002 | 16B CORNELL | A | Y | 2 | Y | Y | |
| | | RENWD003 | 33A CORNELL | A | Y | 2 | | | Y |
| | | RENWD004 | 33C CORNELL | A | Y | 2 | | | |
| | | RENWD005 | 16A CORNELL | A | Y | 2 | | | |
| | | RENWD006 | 2A YALE | A | Y | 2 | | | |
| | | RENWD007 | 2B YALE | A | Y | 2 | | | |
| | | RENWD008 | 8A YALE | A | Y | 2 | | | |
| | | RENWD009 | 8B YALE | A | Y | 2 | | | |
| | | RENWD010 | 15B YALE | A | Y | 2 | | Y | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 210 | WELL 2 | 2 | WELL 2 | A | | | | | |
| 235 | WELL 3 | 2 | WELL 3 | A | | | | | |
| 51047 | ATMOSPHERIC STORAGE | | | | | | | | |

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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 | | |
| CT0780171 | RENWOOD APARTMENTS | C | 190 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 17 DARTMOUTH ROAD | | | 76 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 60818 | TREATMENT PLANT | | | | | | | |
| 62491 | BOOSTER PUMP SYSTEM | | | | | | | |
| 62922 | WELL 4 | 2 | WELL 4 | A | | | | |

Certified Operator Information

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

| Facility Classification: | Operator Name | Operator Type | Certification(s) | Certification Expiration |
|--------------------------|----------------------|-------------------|---|--------------------------|
| CLASS 1 TREATMENT PLANT | LAFRAMBOISE, PAUL F. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2024 |
| | | | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2024 |
| | NAPIERATA, KYLE | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2024 |
| | | | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2024 |

Water System Facility: TREATMENT PLANT (WSF ID: 60818)

| Facility Classification: | Operator Name | Operator Type | Certification(s) | Certification Expiration |
|--------------------------|----------------------|-------------------|---|--------------------------|
| CLASS 1 TREATMENT PLANT | LAFRAMBOISE, PAUL F. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2024 |
| | | | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2024 |
| | NAPIERATA, KYLE | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2024 |
| | | | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2024 |

Contact Information

| | | | | | | |
|--------------------------|-----------|--------------------------------|--------------|-----------------|-------------------------|----------|
| Name | | Organization | | | Job Title | |
| Mr. Zvi Horowitz | | North Point Management CT Corp | | | Managing Member | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 501 Chestnut Ridge Road | | Suite 306 | | Chestnut Ridge | NY | 10977 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 845-608-6733 | | | | | horowitzharry@gmail.com | |

Contact Role(s): **Owner**

| | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|------------------------------|----------|
| Name | | Organization | | | Job Title | |
| Ms. Shimshy Gross | | Northpoint Management | | | Reginal Manager | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 50 Chestnut Ridge Road | | Suite 205 | | Montvale | NJ | 07645 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 845-825-8118 | 521 | | | | shimshy@npointmanagement.com | |

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

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780171 | RENWOOD APARTMENTS | C | 190 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 17 DARTMOUTH ROAD | | | 76 | | | | |

Towns Served: MANSFIELD

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 | | |
| CT0780181 | CARRIAGE HOUSE APARTMENTS | C | 196 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 64 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| Chlorine Residual (1012) | | 1 routine (RT) per month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | | |
| | 12/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 1/31/24 | | Complete | | |
| | 2/1/24 - 2/29/24 | | Complete | | |
| | 3/1/24 - 3/31/24 | | Complete | | |
| 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 | 1/1/23 - 12/31/31 | | Complete | | |
| Total Haloacetic Acids (2456) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| BLDG 6 - APARTMENT 6C (4-2) | 1/1/23 - 12/31/23 | 9/1-9/30 | Complete | | |
| | 1/1/24 - 12/31/24 | 9/1-9/30 | Complete | | |
| | 1/1/25 - 12/31/25 | 9/1-9/30 | Complete | | |
| Total Trihalomethanes (2950) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| SHOP (4-6) | 1/1/23 - 12/31/23 | 9/1-9/30 | Complete | | |
| | 1/1/24 - 12/31/24 | 9/1-9/30 | Complete | | |
| | 1/1/25 - 12/31/25 | 9/1-9/30 | Complete | | |
| Total Coliform (3100) | | 1 routine (RT) per month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | | |
| | 12/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 1/31/24 | | Complete | | |
| | 2/1/24 - 2/29/24 | | Complete | | |
| | 3/1/24 - 3/31/24 | | Complete | | |
| | 4/1/24 - 4/30/24 | | Complete | | |
| | 5/1/24 - 5/31/24 | | Complete | | |
| | 6/1/24 - 6/30/24 | | Complete | | |
| | 7/1/24 - 7/31/24 | | Complete | | |
| | 8/1/24 - 8/31/24 | | Complete | | |
| | 9/1/24 - 9/30/24 | | Complete | | |
| | 10/1/24 - 10/31/24 | | Complete | | |
| Lead And Copper (PBCU) | | 10 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 | | Complete | | |

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 | | |
| CT0780181 | CARRIAGE HOUSE APARTMENTS | C | 196 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 64 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Physical Parameters (PPS) | 1 routine (RT) per month | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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

| Di(2-Ethylhexyl) - Phthalate (2039) | 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 | | |

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

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

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

| 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) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |

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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 | | |
| CT0780181 | CARRIAGE HOUSE APARTMENTS | C | 196 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 64 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 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) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |

Monthly Water System Facility (WSF) Level Monitoring Requirements

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

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|------------------------------|---------------------------------------|----------------------------|---|
| Chlorine | Entry Point RDC (EPRD) | Minimum: 1.05 MG/L | Daily |
| Start Date: 11/1/2018 | | Compliance History: | Monitoring Compliance Status: |
| | | Monitoring Period | Operating Limit Compliance Status: |
| | | 11/1/2023 - 11/30/2023 | Y |
| | | 12/1/2023 - 12/31/2023 | Y |
| | | 1/1/2024 - 1/31/2024 | Y |
| | | 2/1/2024 - 2/29/2024 | |
| | | 3/1/2024 - 3/31/2024 | |
| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7.0 PH | Daily |
| Start Date: 12/1/2005 | | Compliance History: | Monitoring Compliance Status: |
| | | Monitoring Period | Operating Limit 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 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 | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | WQP 2 DRBD | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|---------------------|---------------------------|----------|------------|-------|
|--------------------------|-----------------------|-------------------|----------------------------|---------------------|---------------------------|----------|------------|-------|

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 | | |
| CT0780181 | CARRIAGE HOUSE APARTMENTS | C | 196 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 64 | | | | |

Towns Served: MANSFIELD

| Facility ID | Description | ID | Status | Rule | Rule Tier | Asbestos | WQR | DBPR |
|-------------|---------------------|-----|---------------|------|-----------|----------|-----|------|
| 00600 | DISTRIBUTION SYSTEM | 11A | APARTMENT 11A | A | Y | N | Y | |
| | | 11B | APARTMENT 11B | A | Y | N | Y | |
| | | 11C | APARTMENT 11C | A | Y | N | Y | |
| | | 11D | APARTMENT 11D | A | Y | N | | |
| | | 12A | APARTMENT 12A | A | Y | N | Y | |
| | | 12B | APARTMENT 12B | A | Y | N | Y | |
| | | 12C | APARTMENT 12C | A | Y | N | Y | |
| | | 12D | APARTMENT 12D | A | Y | N | Y | |
| | | 13A | APARTMENT 13A | A | Y | N | Y | |
| | | 13C | APARTMENT 13C | A | Y | N | Y | |
| | | 13D | APARTMENT 13D | A | Y | N | Y | |
| | | 14A | APARTMENT 14A | A | Y | N | Y | |
| | | 14B | APARTMENT 14B | A | Y | N | Y | |
| | | 14C | APARTMENT 14C | A | Y | N | Y | |
| | | 14D | APARTMENT 14D | A | Y | N | Y | |
| | | 15A | APARTMENT 15A | A | Y | N | Y | |
| | | 15B | APARTMENT 15B | A | Y | N | Y | |
| | | 15C | APARTMENT 15C | A | Y | N | Y | |
| | | 15D | APARTMENT 15D | A | Y | N | Y | |
| | | 16A | APARTMENT 16A | A | Y | N | Y | |
| | | 16B | APARTMENT 16B | A | Y | N | Y | |
| | | 16C | APARTMENT 16C | A | Y | N | Y | |
| | | 16D | APARTMENT 16D | A | Y | N | Y | |
| | | 17A | APARTMENT 17A | A | Y | N | Y | |
| | | 17B | APARTMENT 17B | A | Y | N | Y | |
| | | 17C | APARTMENT 17C | A | Y | N | Y | |
| | | 17D | 17D-KITCHEN | A | Y | | | |
| | | 18A | APARTMENT 18A | A | Y | N | Y | |
| | | 18B | APARTMENT 18B | A | Y | N | Y | |
| | | 18C | APARTMENT 18C | A | Y | N | Y | |
| | | 18D | APARTMENT 18D | A | Y | N | | |
| | | 19A | 19-A-BATHROOM | A | Y | | | |
| 19B | APARTMENT 19B | A | Y | N | Y | | | |
| 19C | APARTMENT 19C | A | Y | N | Y | | | |
| 19D | APARTMENT 19D | A | Y | N | Y | | | |
| 20A | APARTMENT 20A | A | Y | N | Y | | | |
| 20B | APARTMENT 20B | A | Y | N | Y | | | |
| 20C | APARTMENT 20C | A | Y | N | Y | | | |
| 20D | APARTMENT 20D | A | Y | N | Y | | | |
| 2A | APARTMENT 2A | A | Y | N | Y | | | |
| 2B | APARTMENT 2B | A | Y | N | Y | | | |
| 2C | APARTMENT 2C | A | Y | N | Y | | | |

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 | | |
| CT0780181 | CARRIAGE HOUSE APARTMENTS | C | 196 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 64 | | | | | |

Towns Served: MANSFIELD

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 |
|--------------------------|--------------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | 2D | APARTMENT 2D | A | Y | N | | |
| | | 3A | APARTMENT 3A | A | Y | N | Y | |
| | | 3B | APARTMENT 3B | A | Y | N | | |
| | | 3C | APARTMENT 3C | A | Y | N | Y | |
| | | 3D | APARTMENT 3D | A | Y | N | Y | |
| | | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | 4-1 | APARTMENT #11D | A | Y | N | Y | |
| | | 4-2 | BLDG 6 - APARTMENT 6 | A | Y | N | Y | Y |
| | | 4-3 | APARTMENT #4D | A | Y | N | Y | |
| | | 4-4 | APARTMENT #13B | A | Y | N | Y | |
| | | 4-5 | APARTMENT #14D | A | Y | N | Y | |
| | | 4-6 | SHOP | A | Y | N | Y | Y |
| | | 4A | APARTMENT 4A | A | Y | N | Y | |
| | | 4B | APARTMENT 4B | A | Y | N | Y | |
| | | 4C | APARTMENT 4C | A | Y | N | Y | |
| | | 4D | APARTMENT 4D | A | Y | N | Y | |
| | | 5A | APARTMENT 5A | A | Y | N | Y | |
| | | 5B | APARTMENT 5B | A | Y | N | Y | |
| | | 5C | APARTMENT 5C | A | Y | N | Y | |
| | | 5D | APARTMENT 5D | A | Y | N | Y | |
| | | 6A | APARTMENT 6A | A | Y | N | Y | |
| | | 6B | APARTMENT 6B | A | Y | N | Y | |
| | | 6D | APARTMENT 6D | A | Y | N | | Y |
| | | 7A | APARTMENT 7A | A | Y | N | | |
| | | 7B | APARTMENT 7B | A | Y | N | Y | |
| | | 7C | APARTMENT 7C | A | Y | N | | |
| | | 7D | APARTMENT 7D | A | Y | N | Y | |
| | | 8A | APARTMENT 8A | A | Y | N | Y | |
| | | 8B | APARTMENT 8B | A | Y | N | Y | |
| | | 8C | APARTMENT 8C | A | Y | N | Y | |
| | | 8D | APARTMENT 8D | A | Y | N | Y | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 1480 | WELL 2 | 2 | WELL 2 | A | | | | |
| 241 | WELL 1 | 2 | WELL 1 | A | | | | |
| 476 | TREATMENT PLANT | | | | | | | |
| 50781 | ATMOSPHERIC STORAGE FACILITIES | | | | | | | |

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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 | | |
| CT0780181 | CARRIAGE HOUSE APARTMENTS | C | 196 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 64 | | | | | |

Towns Served: MANSFIELD

Certified Operator Information

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

Facility Classification: DISTRIBUTION SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------------|-------------------|---|--------------------------|
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |

Water System Facility: **TREATMENT PLANT (WSF ID: 476)**

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------------|-------------------|---|--------------------------|
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |
| NIGRO, DAVID | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2025 |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|--------------|-------------------------------|-----------------|----------------------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Hagan Brown | | | Carriage House Apartments LLC | | | Partner | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 20 Avon Meadow Lane | | | | | | Avon | CT | 06001 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-470-1202 | | 860-470-1222 | | 860-966-7014 | hagan@corridorventures.com | | | |

Contact Role(s): **Owner**

| | | | | | | | | |
|---------------------------|-----------|-----|--------------------------|-----------------|------------------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Randy Kabakoff | | | Rogin Nassau | | | Attorney | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| City Place I | | | Floor 22 | | | Hartford | CT | 06103 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-256-6325 | | | | | rkabakoff@roginlaw.com | | | |

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

| | | | | | | | | |
|---------------------------|-----------|-----|--------------------------|-----------------|------------------------|-------------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Ms. Doryann Plante | | | Carriage House Townhomes | | | Community Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 20 Carriage House Dr. | | | | | | Storrs | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-487-9576 | | | | | DORYANN@CORRIDORPM.COM | | | |

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

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780181 | CARRIAGE HOUSE APARTMENTS | C | 196 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 64 | | | | | |

Towns Served: MANSFIELD

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 | | |
| CT0780211 | AQUARION WATER CO OF CT-VALLEY VIEW | C | 131 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | | 60 | | |

Towns Served: MANSFIELD

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 | 1/1/23 - 12/31/31 | | | |
| Total Coliform (3100) | | 1 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | |
| | 12/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 1/31/24 | | Complete | |
| | 2/1/24 - 2/29/24 | | Complete | |
| | 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 - 10/31/24 | | | |
| Disinfectant Byproducts - TTHM & HAA5 (DBP) | | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| FERN DRIVE SS VV (04886) | 1/1/23 - 12/31/23 | 8/1-8/31 | Complete | |
| | 1/1/24 - 12/31/24 | 8/1-8/31 | | |
| | 1/1/25 - 12/31/25 | 8/1-8/31 | | |
| 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 | 6/1-9/30 | Complete | |
| | 1/1/24 - 12/31/24 | 6/1-9/30 | | |
| | 1/1/25 - 12/31/25 | 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) | | | | |
| Net Gross Alpha (4000) | | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | | |
| | 1/1/26 - 12/31/28 | | | |
| Uranium (4006) | | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |

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 | | |
| CT0780211 | AQUARION WATER CO OF CT-VALLEY VIEW | C | 131 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | | | 60 | |

Towns Served: MANSFIELD

Monitoring Requirements

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

Uranium (4006) 1 routine (RT) per three years

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

Combined Radium-226/228 (4010) 1 routine (RT) per three years

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

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

Water System Facility: **WELL 3 (WSF ID: 1752)**

E. Coli (3014) 1 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| WELL 3 (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 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 | | |

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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 | | |
| CT0780211 | AQUARION WATER CO OF CT-VALLEY VIEW | C | 131 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | | | 60 | |

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: **WELL 3 (WSF ID: 1752)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

Water System Facility: **WELL 2 (WSF ID: 212)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 2 (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 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 - 10/31/24 | | |

Monthly Water System Facility (WSF) Level Monitoring Requirements

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

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|-----------------------------|---|---------------------------|---------------------------|
| Chlorine | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2 MG/L | Daily |
| Start Date: 9/1/2020 | 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 |
|------------------------------------|------------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2024 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |

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 | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780211 | AQUARION WATER CO OF CT-VALLEY VIEW | C | 131 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | | | 60 | |

Towns Served: MANSFIELD

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 | 04886 | FERN DRIVE SS VV | A | Y | | Y | Y | |
| | | 04890 | 45 MARRY BELLE DR SS | A | Y | | Y | Y | |
| | | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| | | PB7435 | 11 SHARON DRIVE | A | | | 3 | | |
| | | PB7436 | 13 SHARON DRIVE | A | | | N | | |
| | | PB7437 | 15 SHARON DRIVE | A | | | N | | |
| | | PB7438 | 45 MARY BELLE DRIVE | A | | | 3 | | |
| | | PB7439 | 47 MARY BELLE DRIVE | A | | | 3 | | |
| | | PB7440 | 52 MARY BELLE DRIVE | A | | | 3 | | |
| | | PB7524 | 48 MARY BELLE DRIVE | A | | | 3 | | |
| | | PB7525 | 17 BARLOW DRIVE | A | | | N | | |
| | | PB7549 | 34 FERN DRIVE | A | | | N | | |
| | | PB8837 | 2 SHARON DR | A | | | 3 | | |
| | | PB8838 | 9 SHARON DR | A | | | N | | |
| | | PB8839 | 37 MARYBELLE DR | A | | | N | | |
| | | PB8840 | 59 MARYBELLE DR | A | | | N | | |
| | | PB8841 | 31 FERN DR | A | | | 3 | | |
| | | PB8842 | 27 BARLOW DR | A | | | 1 | | |
| | | PB8940 | 2 SHARON DR | A | | | 3 | | |
| | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | | |
| | | VV-3 | DISTRIBUTION SYSTEM | A | Y | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 1752 | WELL 3 | 2 | WELL 3 | A | | | | | |
| 212 | WELL 2 | 2 | WELL 2 | A | | | | | |
| 36384 | TREATMENT PLANT | | | | | | | | |
| 60167 | TRANSFER PUMP STATION | | | | | | | | |
| 61874 | ATMOSPHERIC TANKS | | | | | | | | |

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 36384)

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|------------------------|-------------------|---|--------------------------|
| CHARNETSKI, MICHAEL R. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS IV | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| GARDNER, DAVID C. | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS IV | 6/30/2025 |
| SORENSEN, KEVIN T. | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS IV | 6/30/2025 |
| YOUNG, BRIAN | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 12/31/2025 |

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

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780211 | AQUARION WATER CO OF CT-VALLEY VIEW | C | 131 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | | | 60 | |

Towns Served: MANSFIELD

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 36384)**

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|----------------|-------------------|---|--------------------------|
| ROGERS, JUSTUS | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 9/30/2026 |

Contact Information

| | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|--------------------------|----------|
| Name | | Organization | | | Job Title | |
| Mr. John P. Walsh | | Aquarion Water Company | | | Vice President | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 835 Main Street | | Mail Stop 700 | | Bridgeport | CT | 06604 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 203-337-5852 | | 203-337-5938 | | 781-413-6175 | jwalsh@aquarionwater.com | |

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

| | | | | | | |
|------------------------------|-----------|------------------------------|--------------|-----------------|---------------------------|----------|
| Name | | Organization | | | Job Title | |
| Mr. Robert J. Ulrich | | Aquarion Water Company of Ct | | | Vp-Supply & Utility | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| Aquarion Water Company of Ct | | 505 Huntington St. | | Shelton | CT | 06484 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 203-926-4320 | | 203-929-5297 | | 203-395-3205 | rulrich@aquarionwater.com | |

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|-------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780251 | MANSFIELD VILLAGE, LLC | C | 40 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 91 CHAFFEEVILLE ROAD | | | 15 | | | | |

Towns Served: MANSFIELD

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 | 1/1/23 - 12/31/31 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | | |
| | 12/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 1/31/24 | | Complete | | |
| | 2/1/24 - 2/29/24 | | Complete | | |
| | 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 - 10/31/24 | | | | |
| 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 month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | | |
| | 12/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 1/31/24 | | Complete | | |
| | 2/1/24 - 2/29/24 | | Complete | | |
| | 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 - 10/31/24 | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | |
| Net Gross Alpha (4000) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | | | |

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 | | |
| CT0780251 | MANSFIELD VILLAGE, LLC | C | 40 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 91 CHAFFEEVILLE ROAD | | | 15 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Net Gross Alpha (4000) | 1 routine (RT) per three years | | |
|--|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 1/1/26 - 12/31/28 | | |
| Uranium (4006) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Combined Radium-226/228 (4010) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| 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) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 & 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 | | |

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 | Daily |
| Start Date: 10/1/2006 | 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 | | |

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 | | |
|----------------------------------|-------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0780251 | MANSFIELD VILLAGE, LLC | C | 40 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 91 CHAFFEEVILLE ROAD | | | 15 | | | | |

Towns Served: MANSFIELD

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------------|------------|---------------|
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| 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 | GENERIC DISTRIBUTION | A | Y | | | | |
| | | 4-1 | Lot 4 | A | Y | | | | |
| | | 4-2 | Lot 1 | A | Y | | | | |
| | | 4-3 | Lot 15 | A | Y | | | | |
| | | 4-4 | Lot 17 | A | Y | | | | |
| | | 4-5 | Lot 18 | A | Y | | | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | | A | | | | |
| | | MD01 | LOT #1 | A | Y | 3 | | | |
| | | MD02 | LOT #2 | A | Y | 3 | | | |
| | | MD03 | LOT #3 | A | Y | 3 | | | |
| | | MD04 | LOT #4 | A | Y | 3 | | | |
| | | MD05 | LOT #5 | A | Y | 3 | | | |
| | | MD06 | LOT #6 | A | Y | 3 | | | |
| | | MD07 | LOT #7 | A | Y | 3 | | | |
| | | MD08 | LOT #8 | A | Y | 3 | | | |
| | | MD09 | LOT #9 | A | Y | 3 | | | |
| | | MD10 | LOT #10 | A | Y | 3 | | | |
| | | MD11 | LOT #11 | A | Y | 1 | | | |
| | | MD12 | LOT #12 | A | Y | 1 | | | |
| | | MD13 | LOT #13 | A | Y | 1 | | | |
| MD14 | LOT #14 | A | Y | 1 | | | | | |
| MD15 | LOT #15 | A | Y | 1 | | | | | |
| MD16 | LOT #16 | A | Y | 3 | | | | | |
| MD17 | LOT #17 | A | Y | 1 | | | | | |
| | UPSTREAM WITHIN 5 SERVICE CON | | A | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 292 | WELL 1 | 2 | WELL 1 | A | | | | | |
| 36385 | TREATMENT PLANT | | | | | | | | |

Certified Operator Information

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 | | |
| CT0780251 | MANSFIELD VILLAGE, LLC | C | 40 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 91 CHAFFEEVILLE ROAD | | | 15 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 36385)**

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|------------------------|----------------|---|--------------------------|
| CHARNETSKI, MICHAEL R. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS IV | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|-----------------------|--------------------------|-----------------|--------------------|--------|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. Eric Hawkins | | Mansfield Village LLC | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| Mansfield Village LLC | | | P.O. Box 781 | | | Orange | CT | 06477 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-627-6892 | | | | | Eshawk@optimum.net | | | |

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0787011 | CTWC - CRYSTAL SPRINGS DIV. | C | 169 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 38 | 1 | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Chlorine Residual (1012) | 1 routine (RT) per month | | |
|---|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |
| 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 | 1/1/23 - 12/31/31 | | |
| Total Haloacetic Acids (2456) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 41 CRYSTAL LN (CSP041) | 1/1/24 - 12/31/24 | 9/1-9/30 | |
| | 1/1/25 - 12/31/25 | 9/1-9/30 | |
| Total Trihalomethanes (2950) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 1498 STAFFORD RD (CSP040) | 1/1/24 - 12/31/24 | 9/1-9/30 | |
| | 1/1/25 - 12/31/25 | 9/1-9/30 | |
| Total Coliform (3100) | 1 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |
| 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 | |

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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 | | |
| CT0787011 | CTWC - CRYSTAL SPRINGS DIV. | C | 169 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 38 | 1 | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

Lead And Copper (PBCU) **10 routine (RT) per six months**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 1/1/24 - 6/30/24 | | |
| | 7/1/24 - 12/31/24 | | |

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

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |

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

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

Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) **1 routine (RT) per six years**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 1/1/20 - 12/31/25 | | |

Pesticides, Herbicides and PCBs - Phase II & V (SOCS) **1 (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 | 1/1-12/31 | Waiver |

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) | 1/1/26 - 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 |

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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 | | |
| CT0787011 | CTWC - CRYSTAL SPRINGS DIV. | C | 169 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 38 | 1 | | | |

Towns Served: MANSFIELD

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> |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

Water System Facility: **WELL 2 (WSF ID: 237)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 2 (2) | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Water System Facility: **WELL 3 (WSF ID: 53185)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 3 (2) | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Monthly Water System Facility (WSF) Level Monitoring Requirements

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

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|-----------------------------|---|---------------------------|---------------------------|
| Chlorine | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2 MG/L | Daily |
| Start Date: 1/1/2024 | Compliance History: | Operating Limit | Monitoring |
| | Monitoring Period | Compliance Status: | Compliance Status: |
| | 1/1/2024 - 1/31/2024 | | |
| | 2/1/2024 - 2/29/2024 | | |
| | 3/1/2024 - 3/31/2024 | | |

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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 | | |
| CT0787011 | CTWC - CRYSTAL SPRINGS DIV. | C | 169 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 38 | 1 | | | |

Towns Served: MANSFIELD

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| 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

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | GENERIC DISTRIBUTION | A | Y | | | |
| | | CSP001 | 50C CRYSTAL LANE | A | Y | N | | |
| | | CSP002 | 60C CRYSTAL LANE | A | Y | N | | |
| | | CSP003 | 64B CRYSTAL LANE | A | Y | N | | |
| | | CSP004 | 41B CRYSTAL LANE | A | Y | N | | |
| | | CSP005 | 37C CRYSTAL LANE | A | Y | N | | |
| | | CSP006 | SAMPLING STATION | A | Y | | | |
| | | CSP007 | 26A CRYSTAL LN | A | Y | N | | |
| | | CSP008 | 26B CRYSTAL LN | A | Y | N | | |
| | | CSP009 | 26C CRYSTAL LN | A | Y | N | | |
| | | CSP010 | 26D CRYSTAL LN | A | Y | N | | |
| | | CSP011 | 37A CRYSTAL LN | A | Y | N | | |
| | | CSP012 | 37B CRYSTAL LN | A | Y | N | | |
| | | CSP013 | 38A CRYSTAL LN | A | Y | N | | |
| | | CSP014 | 38B CRYSTAL LN | A | Y | N | | |
| | | CSP015 | 38C CRYSTAL LN | A | Y | N | | |
| | | CSP016 | 38D CRYSTAL LN | A | Y | N | | |
| | | CSP017 | 41A CRYSTAL LN | A | Y | N | | |
| | | CSP018 | 41C CRYSTAL LN | A | Y | N | | |
| | | CSP020 | 45A CRYSTAL LN | A | Y | N | | |
| | | CSP021 | 45B CRYSTAL LN | A | Y | N | | |
| | | CSP022 | 45C CRYSTAL LN | A | Y | N | | |
| | | CSP023 | 45D CRYSTAL LN | A | Y | N | | |
| | | CSP024 | 50A CRYSTAL LN | A | Y | N | | |
| | | CSP025 | 50B CRYSTAL LN | A | Y | N | | |
| | | CSP026 | 50D CRYSTAL LN | A | Y | N | | |
| | | CSP027 | 52A CRYSTAL LN | A | Y | N | | |
| | | CSP028 | 52B CRYSTAL LN | A | Y | N | | |
| | | CSP029 | 52C CRYSTAL LN | A | Y | N | | |
| | | CSP030 | 52D CRYSTAL LN | A | Y | N | | |
| | | CSP031 | 58A CRYSTAL LN | A | Y | 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 | | |
| CT0787011 | CTWC - CRYSTAL SPRINGS DIV. | C | 169 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | 38 | 1 | | | | |

Towns Served: MANSFIELD

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 |
|--------------------------|--------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | CSP032 | 58B CRYSTAL LN | A | Y | N | | |
| | | CSP033 | 58C CRYSTAL LN | A | Y | N | | |
| | | CSP034 | 60A CRYSTAL LN | A | Y | N | | |
| | | CSP035 | 60B CRYSTAL | A | Y | N | | |
| | | CSP036 | 64A CRYSTAL LN | A | Y | N | | |
| | | CSP037 | 64C CRYSTAL LN | A | Y | N | | |
| | | CSP038 | 64D CRYSTAL LN | A | Y | N | | |
| | | CSP039 | 37D CRYSTAL LN | A | Y | N | | |
| | | CSP040 | 1498 STAFFORD RD | A | | | | Y |
| | | CSP041 | 41 CRYSTAL LN | A | | | | Y |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 237 | WELL 2 | 2 | WELL 2 | A | | | | |
| 44909 | ATMOSPHERIC TANK | | | | | | | |
| 52635 | PUMP STATION | | | | | | | |
| 53185 | WELL 3 | 2 | WELL 3 | A | | | | |
| 62179 | (2) HYDROPNEUMATIC TANKS | | | | | | | |
| 62906 | TREATMENT | | | | | | | |

Certified Operator Information

Water System Facility: **TREATMENT (WSF ID: 62906)**

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------|----------------|--|--------------------------|
| WILCOX, MELISSA | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 9/30/2025 |

Contact Information

| | | | | | | | | |
|--|-----------|-----|---------------------------|-----------------|-------------------------|----------------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Craig J. Patla | | | Connecticut Water Company | | | Vp, Service Delivery | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 93 West Main Street | | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-664-6140 | | | | 800-391-1924 | craig.patla@ctwater.com | | | |
| Contact Role(s): Legal Contact, Owner | | | | | | | | |

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

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

| | | | | | | | | |
|--|------------------------------------|---------------------|---------------------------|-----------------|--------------------------|-----------|--------------|----------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT0787011 | CTWC - CRYSTAL SPRINGS DIV. | C | 169 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| | | | 38 | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Paul C. Lowry | | | Connecticut Water Company | | | Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 93 W Main Street | | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-292-2809 | | 860-654-1903 | | 800-208-5700 | ctwcdphadmin@ctwater.com | | | |
| Contact Role(s): Administrative Contact | | | | | | | | |

Please note the following:

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

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

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

End of schedule

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

| | | | | | | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0787091 | CTWC - UCONN DEPOT DIV. | C | 153 | P | GWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| DEPOT RD | | | 7 | 5 | | | |

Towns Served: MANSFIELD

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 | 1/1/19 - 12/31/27 | | |

Total Coliform (3100) 1 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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 | 1/1/23 - 12/31/25 | 6/1-9/30 | |
| | 1/1/26 - 12/31/28 | 6/1-9/30 | |

Physical Parameters (PPS) 1 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |

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 | | |
| CT0787091 | CTWC - UCONN DEPOT DIV. | C | 153 | P | GWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| DEPOT RD | | 7 | 5 | | | | |

Towns Served: MANSFIELD

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--------------------------------|------------|---------------|
| 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 | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UD001 | 50 DEPOT RD | A | Y | N | | |
| | | UD002 | 85 DEPOT RD | A | Y | N | Y | |
| | | UD003 | 37 OLD COLONY RD | A | Y | 3 | | |
| | | UD004 | 38 OLD COLONY RD | A | Y | 3 | | |
| | | UD005 | 1208 STAFFORD RD | A | Y | N | | |
| | | UD006 | 1250 STAFFORD RD | A | Y | 3 | | |
| | | UD007 | 1254 STAFFORD RD | A | Y | 3 | | |
| | | UD008 | 1279 STAFFORD RD | A | Y | N | | |
| | | UD009 | 1281 STAFFORD RD | A | Y | 3 | | |
| | | UD010 | 1289 STAFFORD RD | A | Y | 3 | | |
| | | UD011 | 1308 STAFFORD RD | A | Y | 3 | | |
| | | UD012 | 1340 STAFFORD RD | A | Y | N | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | XX4XX | DISTRIBUTION SYSTEM | I | Y | | | |
| 60990 | INTERCONNECTION - CT0780021 - UCONN-MAIN | | | | | | | |

Certified Operator Information

| | | | |
|---|----------------------|--|---------------------------------|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
| Facility Classification: SMALL WATER SYSTEM | | | |
| Operator Name | Operator Type | Certification(s) | Certification Expiration |
| WILCOX, MELISSA | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 9/30/2025 |
| CONNORS, JAMES | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 9/30/2024 |

Contact Information

| | | | | | | | | |
|---------------------------|-----------|-----------------------------|--------------------------|-----------------|-------------------------|---------|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. Craig J. Patla | | Connecticut Water Company | | | Vp, Service Delivery | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 93 West Main Street | | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-664-6140 | | | | 800-391-1924 | craig.patla@ctwater.com | | | |
| Contact Role(s): | | Legal Contact, Owner | | | | | | |

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

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

| | | | | | | | | |
|--|--------------------------------|---------------------|---------------------------|-----------------|--------------------------|-----------|--------------|----------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT0787091 | CTWC - UCONN DEPOT DIV. | C | 153 | P | GWP | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| DEPOT RD | | | 7 | 5 | | | | |
| Towns Served: MANSFIELD | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Paul C. Lowry | | | Connecticut Water Company | | | Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 93 W Main Street | | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-292-2809 | | 860-654-1903 | | 800-208-5700 | ctwcdphadmin@ctwater.com | | | |
| Contact Role(s): Administrative Contact | | | | | | | | |

Please note the following:

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

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

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

End of schedule

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0787101 | CTWC - UCONN HUNTING LODGE DIV. | C | 234 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| HUNTING LODGE RD | | | 46 | 22 | | | |

Towns Served: MANSFIELD

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 | 1/1/19 - 12/31/27 | | |

Total Coliform (3100) 1 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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 month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |

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 | | |
|----------------------------------|---------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0787101 | CTWC - UCONN HUNTING LODGE DIV. | C | 234 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| HUNTING LODGE RD | | | 46 | 22 | | | |

Towns Served: MANSFIELD

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 | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UHL001 | 11 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL002 | 15 HUNTING LODGE RD | A | Y | 3 | Y | |
| | | UHL003 | 16 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL004 | 22 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL005 | 23 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL006 | 27 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL007 | 28 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL008 | 34 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL009 | 43 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL010 | 57 HUNTING LODGE RD | A | Y | N | | |
| | | UHL011 | 80 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL012 | 81 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL013 | 87 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL014 | 97 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL015 | 101 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL016 | 105 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL017 | 109 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL018 | 115 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL019 | 122 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL020 | 125 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL021 | 131 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL022 | 132 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL023 | 134 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL024 | 135 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL025 | 146 HUNTING LODGE RD | A | Y | N | | |
| | | UHL026 | 153 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL027 | 156 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL028 | 180 HUNTING LODGE RD | A | Y | 3 | | |
| | | UHL029 | 240 HUNTING LODGE RD | A | Y | N | | |
| | | UHL030 | 10 MEADOWOOD RD | A | Y | N | | |
| | | UHL031 | 11 MEADOWOOD RD | A | Y | 3 | | |
| | | UHL032 | 21 MEADOWOOD RD | A | Y | 3 | | |

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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 | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| CT0787101 | CTWC - UCONN HUNTING LODGE DIV. | C | 234 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| HUNTING LODGE RD | | 46 | 22 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

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 |
|--------------------------|--|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | UHL033 | 28 MEADOWOOD RD | A | Y | 3 | | |
| | | UHL034 | CTWC - UCONN HUNT L | A | Y | | | |
| | | UHL035 | 188 N EAGLEVILLE RD | A | Y | 3 | | |
| | | UHL036 | 194 N EAGLEVILLE RD | A | Y | 3 | | |
| | | UHL037 | 197 N EAGLEVILLE RD | A | Y | N | | |
| | | UHL038 | 202 N EAGLEVILLE RD | A | Y | N | | |
| | | UHL039 | 203 N EAGLEVILLE RD | A | Y | N | | |
| | | UHL040 | 204 N EAGLEVILLE RD | A | Y | 3 | | |
| | | UHL041 | 207 N EAGLEVILLE RD | A | Y | N | | |
| | | UHL042 | 208 N EAGLEVILLE RD | A | Y | 3 | | |
| | | UHL043 | 213 N EAGLEVILLE RD | A | Y | 3 | | |
| | | UHL044 | 219 N EAGLEVILLE RD | A | Y | N | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | XX4XX | DISTRIBUTION SYSTEM | I | Y | | | |
| 60993 | INTERCONNECTION - CT0780021 - UCONN-MAIN | | | | | | | |

Certified Operator Information

| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
|---|-------------------|--|--------------------------|
| Facility Classification: SMALL WATER SYSTEM | | | |
| Operator Name | Operator Type | Certification(s) | Certification Expiration |
| WILCOX, MELISSA | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 9/30/2025 |
| CONNORS, JAMES | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 9/30/2024 |

Contact Information

| Name | | Organization | | | Job Title | | |
|--|-----------|---------------------------|--------------|-----------------|--------------------------|-------|----------|
| Mr. Craig J. Patla | | Connecticut Water Company | | | Vp, Service Delivery | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 93 West Main Street | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-664-6140 | | | | 800-391-1924 | craig.patla@ctwater.com | | |
| Contact Role(s): Legal Contact, Owner | | | | | | | |
| Name | | Organization | | | Job Title | | |
| Mr. Paul C. Lowry | | Connecticut Water Company | | | Manager | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 93 W Main Street | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-292-2809 | | 860-654-1903 | | 800-208-5700 | ctwcdphadmin@ctwater.com | | |
| Contact Role(s): Administrative Contact | | | | | | | |

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|---------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0787101 | CTWC - UCONN HUNTING LODGE DIV. | C | 234 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| HUNTING LODGE RD | | | 46 | 22 | | | |

Towns Served: MANSFIELD

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 | | |
| CT0787111 | CTWC - UCONN SOUTH EAGLEVILLE DIV. | C | 750 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| SOUTH EAGLEVILLE RD | | | 125 | 72 | | | |

Towns Served: MANSFIELD

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 | 1/1/19 - 12/31/27 | | |
| Total Coliform (3100) | 1 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |
| Lead And Copper (PBCU) | 10 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 month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |

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 | | |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0787111 | CTWC - UCONN SOUTH EAGLEVILLE DIV. | C | 750 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| SOUTH EAGLEVILLE RD | | | 125 | 72 | | | |

Towns Served: MANSFIELD

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 | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | USE001 | 11 DOG LN | A | Y | | | |
| | | USE002 | 48 DOG LN | A | Y | 3 | Y | |
| | | USE003 | 56 DOG LN | A | Y | | | |
| | | USE004 | 1 DOG LN UNIT 101 | A | Y | | | |
| | | USE005 | 1 DOG LN UNIT 102 | A | Y | | | |
| | | USE006 | 1 DOG LN UNIT 103 | A | Y | | | |
| | | USE007 | 1 DOG LN UNIT 104 | A | Y | | | |
| | | USE008 | 1 DOG LN UNIT 105 | A | Y | | | |
| | | USE009 | 1 DOG LN UNIT 106 | A | Y | | | |
| | | USE010 | 1 DOG LN UNIT 107 | A | Y | | | |
| | | USE011 | 1 DOG LN UNIT 108 | A | Y | | | |
| | | USE012 | 9 DOG LN UNIT 101 | A | Y | | | |
| | | USE013 | 9 DOG LN UNIT 108 | A | Y | | | |
| | | USE014 | 9 DOG LN UNIT 109 | A | Y | | | |
| | | USE015 | 9 DOG LN UNIT 110 | A | Y | | | |
| | | USE016 | 9 DOG LN UNIT 111 | A | Y | | | |
| | | USE017 | 1 EASTWOOD RD | A | Y | N | | |
| | | USE018 | 2 EASTWOOD RD | A | Y | 3 | | |
| | | USE019 | 3 EASTWOOD RD | A | Y | 3 | | |
| | | USE020 | 4 EASTWOOD RD | A | Y | 3 | | |
| | | USE021 | 5 EASTWOOD RD | A | Y | N | | |
| | | USE022 | 6 EASTWOOD RD | A | Y | 3 | | |
| | | USE023 | 7 EASTWOOD RD | A | Y | 3 | | |
| | | USE024 | 8 EASTWOOD RD | A | Y | 3 | | |
| | | USE025 | 9 EASTWOOD RD | A | Y | 3 | | |
| | | USE026 | 10 EASTWOOD RD | A | Y | N | | |
| | | USE027 | 11 EASTWOOD RD | A | Y | 3 | | |
| | | USE028 | 12 EASTWOOD RD | A | Y | 3 | | |
| | | USE029 | 13 EASTWOOD RD | A | Y | 3 | | |
| | | USE030 | 14 EASTWOOD RD | A | Y | 3 | | |
| | | USE031 | 15 EASTWOOD RD | A | Y | 3 | | |

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 | | |
| CT0787111 | CTWC - UCONN SOUTH EAGLEVILLE DIV. | C | 750 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| SOUTH EAGLEVILLE RD | | | 125 | 72 | | | |

Towns Served: MANSFIELD

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| | | USE032 | 16 EASTWOOD RD | A | Y | 3 | | |
| | | USE033 | 17 EASTWOOD RD | A | Y | 3 | | |
| | | USE034 | 18 EASTWOOD RD | A | Y | 3 | | |
| | | USE035 | 19 EASTWOOD RD | A | Y | 3 | | |
| | | USE036 | 20 EASTWOOD RD | A | Y | 3 | | |
| | | USE037 | 22 EASTWOOD RD | A | Y | 3 | | |
| | | USE038 | 3 HILLSIDE CIR | A | Y | 3 | | |
| | | USE039 | 5 HILLSIDE CIR | A | Y | N | | |
| | | USE040 | 6 HILLSIDE CIR | A | Y | 3 | | |
| | | USE041 | 7 HILLSIDE CIR | A | Y | 3 | | |
| | | USE042 | 8 HILLSIDE CIR | A | Y | 3 | | |
| | | USE043 | 9 HILLSIDE CIR | A | Y | 3 | | |
| | | USE044 | 10 HILLSIDE CIR | A | Y | 3 | | |
| | | USE045 | 15 HILLSIDE CIR | A | Y | 3 | | |
| | | USE046 | 17 HILLSIDE CIR | A | Y | 3 | | |
| | | USE047 | 18 HILLSIDE CIR | A | Y | 3 | | |
| | | USE048 | 19 HILLSIDE CIR | A | Y | 3 | | |
| | | USE049 | 20 HILLSIDE CIR | A | Y | 3 | | |
| | | USE050 | 21 HILLSIDE CIR | A | Y | 3 | | |
| | | USE051 | 22 HILLSIDE CIR | A | Y | 3 | | |
| | | USE052 | 23 HILLSIDE CIR | A | Y | 3 | | |
| | | USE053 | 25 HILLSIDE CIR | A | Y | 3 | | |
| | | USE054 | 1 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE055 | 1 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE056 | 1 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE057 | 1 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE058 | 1 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE059 | 1 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE060 | 1 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE061 | 1 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE062 | 1 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE063 | 1 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE064 | 8 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE065 | 8 ROYCE CIRCLE UNIT | A | Y | | | |
| | | USE066 | 10 S EGLVLE COMM CTR | A | Y | | | |
| | | USE067 | 1 SHERWOOD ST 1D | A | Y | N | | |
| | | USE068 | 3 SHERWOOD ST 1C | A | Y | N | | |
| | | USE069 | 5 SHERWOOD ST 1B | A | Y | N | | |
| | | USE070 | 7 SHERWOOD ST 1A | A | Y | N | | |

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 | | |
| CT0787111 | CTWC - UCONN SOUTH EAGLEVILLE DIV. | C | 750 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| SOUTH EAGLEVILLE RD | | | 125 | 72 | | | |

Towns Served: MANSFIELD

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | USE071 | 8 SHERWD ST BLDG 5 1 | A | Y | N | | |
| | | USE072 | 8 SHERWD ST BLDG 5 1 | A | Y | N | | |
| | | USE073 | 8 SHERWD ST BLDG 5 1 | A | Y | N | | |
| | | USE074 | 8 SHERWD ST BLDG 5 1 | A | Y | N | | |
| | | USE075 | 8 SHERWD ST BLDG 5 2 | A | Y | N | | |
| | | USE076 | 8 SHERWD ST BLDG 5 2 | A | Y | N | | |
| | | USE077 | 8 SHERWD ST BLDG 5 2 | A | Y | N | | |
| | | USE078 | 8 SHERWD ST BLDG 5 2 | A | Y | N | | |
| | | USE079 | 8 SHERWD ST BLDG 5 3 | A | Y | N | | |
| | | USE080 | 8 SHERWD ST BLDG 5 3 | A | Y | N | | |
| | | USE081 | 9 SHERWOOD ST 2D | A | Y | N | | |
| | | USE082 | 10 SHERWOOD ST 6D | A | Y | N | | |
| | | USE083 | 11 SHERWOOD ST 2C | A | Y | N | | |
| | | USE084 | 12 SHERWOOD ST 6C | A | Y | N | | |
| | | USE085 | 13 SHERWOOD ST 2B | A | Y | N | | |
| | | USE086 | 14 SHERWOOD ST 6B | A | Y | N | | |
| | | USE087 | 15 SHERWOOD ST 2A | A | Y | N | | |
| | | USE088 | 16 SHERWOOD ST 6A | A | Y | N | | |
| | | USE089 | 17 SHERWOOD ST 3D | A | Y | N | | |
| | | USE090 | 18 SHERWOOD ST 9A | A | Y | N | | |
| | | USE091 | 19 SHERWOOD ST 3C | A | Y | N | | |
| | | USE092 | 20 SHERWOOD ST 9B | A | Y | N | | |
| | | USE093 | 21 SHERWOOD ST BLDG | A | Y | N | | |
| | | USE094 | 22 SHERWOOD ST 9C | A | Y | N | | |
| | | USE095 | 23 SHERWOOD ST 3A | A | Y | N | | |
| | | USE096 | 24 SHERWOOD ST 9D | A | Y | N | | |
| | | USE097 | 25 SHERWOOD ST 4D | A | Y | N | | |
| | | USE098 | 27 SHERWOOD ST BLDG | A | Y | N | | |
| | | USE099 | 29 SHERWOOD ST 4B | A | Y | N | | |
| | | USE100 | 31 SHERWOOD ST BLDG | A | Y | N | | |
| | | USE101 | 35 SHERWOOD ST BLDG | A | Y | N | | |
| | | USE102 | 37 SHERWOOD ST 7C | A | Y | N | | |
| | | USE103 | 39 SHERWOOD ST BLDG | A | Y | N | | |
| | | USE104 | 41 SHERWOOD ST 7A | A | Y | N | | |
| | | USE105 | 43 SHERWOOD ST BLDG | A | Y | N | | |
| | | USE106 | 45 SHERWOOD ST BLDG | A | | N | | |
| | | USE107 | 47 SHERWOOD ST BLDG | A | Y | N | | |
| | | USE108 | 49 SHERWOOD ST BLDG | A | Y | N | | |
| | | USE109 | 1220 STORRS RD | A | Y | | | |

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 | | |
| CT0787111 | CTWC - UCONN SOUTH EAGLEVILLE DIV. | C | 750 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| SOUTH EAGLEVILLE RD | | | 125 | 72 | | | |

Towns Served: MANSFIELD

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 |
|--------------------------|---|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | USE110 | 1266 STORRS RD | A | Y | | | |
| | | USE111 | 1206 STORRS RD A | A | Y | | | |
| | | USE112 | 1206 STORRS RD B | A | Y | | | |
| | | USE113 | 1206 STORRS RD C | A | Y | | | |
| | | USE114 | 1 WESTWOOD RD | A | Y | N | | |
| | | USE115 | 2 WESTWOOD RD | A | Y | N | | |
| | | USE116 | 4 WESTWOOD RD | A | Y | N | | |
| | | USE117 | 5 WESTWOOD RD | A | Y | N | | |
| | | USE118 | 6 WESTWOOD RD | A | Y | N | | |
| | | USE119 | 7 WESTWOOD RD | A | Y | N | | |
| | | USE120 | 8 WESTWOOD RD | A | Y | N | | |
| | | USE121 | 9 WESTWOOD RD | A | Y | N | | |
| | | USE122 | 10 WESTWOOD RD | A | Y | N | | |
| | | USE123 | 11 WESTWOOD RD | A | Y | N | | |
| | | USE124 | 12 WESTWOOD RD | A | Y | N | | |
| | | USE125 | 13 WESTWOOD RD | A | Y | N | | |
| | | USE126 | 14 WESTWOOD RD | A | Y | N | | |
| | | USE127 | 15 WESTWOOD RD | A | Y | N | | |
| | | USE128 | 16 WESTWOOD RD | A | Y | N | | |
| | | USE129 | 17 WESTWOOD RD | A | Y | N | | |
| | | USE130 | 18 WESTWOOD RD | A | Y | N | | |
| | | USE131 | 19 WESTWOOD RD | A | Y | N | | |
| | | USE132 | 23 WESTWOOD RD | A | Y | N | | |
| | | USE133 | 28 WILBUR CROSS WAY | A | Y | | | |
| | | USE134 | 33 WILBUR CROSS WAY | A | Y | | | |
| | | USE135 | 33 WILBUR CROSS WAY | A | Y | | | |
| | | USE136 | 33 WILBUR CROSS WAY | A | Y | | | |
| | | USE137 | 33 WILBUR CROSS WAY | A | Y | | | |
| | | USE138 | 33 WILBUR CROSS WAY | A | Y | | | |
| | | USE139 | 34 WILBUR CROSS WAY | A | Y | | | |
| | | USE140 | 34 WILBUR CROSS WAY | A | Y | | | |
| | | USE141 | 34 WILBUR CROSS WAY | A | Y | | | |
| | | USE142 | 40 WILBUR CROSS WAY | A | Y | | | |
| | | USE143 | 40 WILBUR CROSS WAY | A | Y | | | |
| | | USE144 | 40 WILBUR CROSS WAY | A | Y | | | |
| | | USE145 | 40 WILBUR CROSS WAY | A | Y | | | |
| | | XX4XX | DISTRIBUTION SYSTEM | I | Y | | | |
| 60996 | INTERCONNECTION - CT0780021 - UCONN-MAIN | | | | | | | |

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 | | |
| CT0787111 | CTWC - UCONN SOUTH EAGLEVILLE DIV. | C | 750 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| SOUTH EAGLEVILLE RD | | | 125 | 72 | | | |

Towns Served: MANSFIELD

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------|-------------------|--|--------------------------|
| WILCOX, MELISSA | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 9/30/2025 |
| CONNORS, JAMES | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 9/30/2024 |

Contact Information

| | | | | | | | |
|---------------------------|-----------|---------------------------|--------------------------|-----------------|-------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Craig J. Patla | | Connecticut Water Company | | | Vp, Service Delivery | | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State | Zip Code |
| 93 West Main Street | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-664-6140 | | | | 800-391-1924 | craig.patla@ctwater.com | | |

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

| | | | | | | | |
|--------------------------|-----------|---------------------------|--------------------------|-----------------|--------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Paul C. Lowry | | Connecticut Water Company | | | Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State | Zip Code |
| 93 W Main Street | | | | | Clinton | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-292-2809 | | 860-654-1903 | | 800-208-5700 | ctwcdphadmin@ctwater.com | | |

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

Please note the following:

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

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

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

End of schedule

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

| | | | | | | | |
|----------------------------------|--------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0787121 | CTWC - UCONN WILLOWBROOK DIV. | C | 134 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| WILLOWBROOK RD | | | 21 | | | | |

Towns Served: MANSFIELD

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 | 1/1/19 - 12/31/27 | | |

Total Coliform (3100) 1 routine (RT) per month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

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 month

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 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 - 10/31/24 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION EXEMPTION | 3/1/2024 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |

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 | | |
|----------------------------------|-------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0787121 | CTWC - UCONN WILLOWBROOK DIV. | C | 134 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| WILLOWBROOK RD | | | 21 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------------|------------|---------------|
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |

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 | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UWB001 | 88 GURLYVILLE RD | A | Y | N | | |
| | | UWB002 | 19 OAK HILL RD | A | Y | 3 | Y | |
| | | UWB003 | 28 OAK HILL RD | A | Y | 3 | | |
| | | UWB004 | 32 OAK HILL RD | A | Y | 3 | | |
| | | UWB005 | 33 OAK HILL RD | A | Y | 3 | | |
| | | UWB006 | 24 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB007 | 25 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB008 | 28 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB009 | 31 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB010 | 34 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB011 | 39 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB012 | 47 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB013 | 52 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB014 | 57 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB015 | 58 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB016 | 64 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB017 | 67 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB018 | 75 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB019 | 76 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB020 | 82 WILLOWBROOK RD | A | Y | 3 | | |
| | | UWB021 | 85 WILLOWBROOK RD | A | Y | 3 | | |
| | | XX4XX | DISTRIBUTION SYSTEM | I | Y | | | |

60999 INTERCONNECTION -
CT0780021 - UCONN-MAIN

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------|-------------------|--|--------------------------|
| WILCOX, MELISSA | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 9/30/2025 |
| CONNORS, JAMES | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 9/30/2024 |

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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 | | |
| CT0787121 | CTWC - UCONN WILLOWBROOK DIV. | C | 134 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| WILLOWBROOK RD | | | 21 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Contact Information

| | | | | | | | | | |
|---------------------------|-----------|-----|---------------------------|-----------------|-------------------------|----------------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. Craig J. Patla | | | Connecticut Water Company | | | Vp, Service Delivery | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 93 West Main Street | | | | | | Clinton | | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-664-6140 | | | | 800-391-1924 | craig.patla@ctwater.com | | | | |

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

| | | | | | | | | | |
|--------------------------|-----------|--------------|---------------------------|-----------------|--------------------------|-----------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. Paul C. Lowry | | | Connecticut Water Company | | | Manager | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 93 W Main Street | | | | | | Clinton | | CT | 06413 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-292-2809 | | 860-654-1903 | | 800-208-5700 | ctwcdphadmin@ctwater.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