

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

| | | | | | | | |
|----------------------------------|--------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0380024 | CAMP FARNAM | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 285 R MAIDEN LANE | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 4/1/17 - 6/30/17 | 5/1-6/30 | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |

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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 9/1/04 - 9/30/04 | 2 | 2/2/2005 | | 2/12/2005 | |
| Total Coliform MCL Violation | 7/1/05 - 9/30/05 | 2 | 9/22/2005 | | 10/2/2005 | |

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>Total Coliform Status</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|------------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | |
| 20673 | WELL | 2 | WELL | A | | | |

Contact Information

| | | | | | | | | | |
|---------------------------|-----------|--------------|-------------------------------|-----------------|---------------------------|---------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Ms. Elizabeth Gambardella | | | Farnam Neighborhood House Inc | | | Exec Director | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 162 Fillmore Street | | | | | | New Haven | | CT | 06513 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 203-562-9194 | | 203-562-2812 | | | farnamhouse@earthlink.net | | | | |

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 | |
| CT0380024 | CAMP FARNAM | NC | 25 | P | GW | |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 285 R MAIDEN LANE | | | 1 | | | |
| Towns Served: DURHAM | | | | | | |
| 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 | | |
| CT0380034 | CITIZENS BANK - DURHAM | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 376 MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | | | |

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) | 1/1/16 - 12/31/16 | | | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20674 | WELL | 2 | WELL | A | | | | |
| 55981 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|------------------------------|------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. William Hayden | | | Citizens Bank | | | Vp | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 910 Douglas Pike | | | Ms Rsd 384 | | | Smithfield | | RI | 02917 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 401-757-5469 | | | | 401-757-5469 | bill.hayden@citizensbank.com | | | | |

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 | |
| CT0380034 | CITIZENS BANK - DURHAM | NC | 25 | P | GW | |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 376 MAIN STREET | | | 1 | | | |
| Towns Served: DURHAM | | | | | | |
| Contact Role(s): Administrative Contact, Legal Contact | | | | | | |

Please note the following:

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

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

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

End of schedule

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

| | | | | | | | |
|----------------------------------|------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0380044 | COMMERCE CIRCLE ASSOC | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 9 COMMERCE CIRCLE | | | | 1 | | | |

Towns Served: DURHAM

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 10/22/2016 | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20675 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | |
|---|--|----------------------------|--|--|-----------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Stan Tyska | | Commerce Circle Associates | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| Commerce Circle Assoc C/O Printing Dept | | 9 Commerce Circle | | | Durham | CT | 06422 |

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 | | |
| CT0380044 | COMMERCE CIRCLE ASSOC | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 9 COMMERCE CIRCLE | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-349-9578 | | | | | | | |
| Contact Role(s): Administrative Contact | | | | | | | |
| Please note the following: | | | | | | | |
| <ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. | | | | | | | |

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

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

End of schedule

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

| | | | | | | | |
|----------------------------------|---|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0380054 | THE LNJS REALTY FAMILY LTD PARTNERSHIP | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 339 MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 5/15/2009 | |

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</i> | <i>Lead and Copper</i> | | <i>Stage 2</i> | |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|-----------------------|------------------------|-----------------|----------------|--|
| | | | | | <i>Rule</i> | <i>Rule Tier</i> | <i>Asbestos</i> | <i>DBPR</i> | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 20676 | WELL | 2 | WELL | A | | | | | |

Contact Information

| | | | | | | | | |
|---|--|--------------------------------|--|--|-------------|--|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. Leonard A. Rossicone | | Lnhs Realty Family Ltd Partner | | | Manager | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | | State | Zip Code |
| The Lnjs Realty Family Ltd. Partnership | | 12 Turnberry Road | | | Wallingford | | CT | 06492 |

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 | | | |
| CT0380054 | THE LNJS REALTY FAMILY LTD PARTNERSHIP | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 339 MAIN STREET | | | | 1 | | | | |
| Towns Served: DURHAM | | | | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-265-0453 | | | 203-213-4982 | | lrossicone@sbcglobal.net | | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| The Lnjs Realty Family Ltd. Partnership | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 12 Turnberry Road | | | | | | Wallingford | CT | 06492 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |

Contact Role(s): **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 | | |
| CT0380064 | FAS MART #313 | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 384 MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 12/31/16 | | Complete | |
| | 1/1/17 - 3/31/17 | | Complete | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

| 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 | 1/1/17 - 3/31/17 | | Complete | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 12/31/16 | | Complete | |

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) | 1/1/16 - 12/31/16 | | Complete | |
| | 1/1/17 - 12/31/17 | | Complete | |
| | 1/1/18 - 12/31/18 | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 7/31/2007 | |
| RESPOND TO SANITARY SURVEY | 5/18/2012 | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 1/1/06 - 3/31/06 | 2 | 7/13/2006 | | 7/23/2006 | |
| Total Coliform M&R Violation | 4/1/06 - 6/30/06 | 2 | 9/17/2006 | | 9/27/2006 | |
| Total Coliform M&R Violation | 7/1/06 - 9/30/06 | 2 | 12/30/2006 | | 1/9/2007 | |
| Nitrate And Nitrite M&R Violation | 1/1/06 - 12/31/06 | 2 | 3/28/2007 | | 4/7/2007 | |
| Total Coliform M&R Violation | 10/1/06 - 12/31/06 | 2 | 3/28/2007 | | 4/7/2007 | |
| Physical Parameters M&R Violation | 1/1/06 - 3/31/06 | 3 | 6/13/2007 | | 6/23/2007 | |
| Total Coliform M&R Violation | 1/1/07 - 3/31/07 | 2 | 6/21/2007 | | 7/1/2007 | |
| Physical Parameters M&R Violation | 4/1/06 - 6/30/06 | 3 | 8/18/2007 | | 8/28/2007 | |
| Total Coliform M&R Violation | 4/1/07 - 6/30/07 | 2 | 9/20/2007 | | 9/30/2007 | |
| Physical Parameters M&R Violation | 7/1/06 - 9/30/06 | 3 | 11/30/2007 | | 12/10/2007 | |

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 | | |
| CT0380064 | FAS MART #313 | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 384 MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Total Coliform M&R Violation | 7/1/07 - 9/30/07 | 2 | 12/29/2007 | | 1/8/2008 | |
| Physical Parameters M&R Violation | 10/1/06 - 12/31/06 | 3 | 2/26/2008 | | 3/7/2008 | |
| Physical Parameters M&R Violation | 1/1/07 - 3/31/07 | 3 | 5/21/2008 | | 5/31/2008 | |
| Total Coliform MCL Violation | 8/1/09 - 8/31/09 | 2 | 2/20/2010 | | 3/2/2010 | |
| Total Coliform M&R Violation | 4/1/13 - 6/30/13 | 2 | 10/12/2013 | | 10/22/2013 | |
| Physical Parameters M&R Violation | 4/1/13 - 6/30/13 | 3 | 9/12/2014 | | 9/22/2014 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper | Stage 2 | |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|-----------------|----------|------|
| | | | | | Rule | Rule Tier | Asbestos | DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20677 | WELL | 2 | WELL | A | | | | |
| 47541 | GAC FILTRATION | | | | | | | |

Contact Information

| | | | | | | | | | |
|----------------------------|-----------|--------------|--------------------------|-----------------|---------------|-------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Ms. Marianne Corona | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 245 Cherry Hill Rd | | | | | | Middlefield | | CT | 06455 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-349-9593 | | 860-349-9593 | | 860-349-9593 | | | | | |

| | | | | | | | | | |
|--|-----------|-----|--------------------------|-----------------|-----------------------------|-----------------|--|-------|----------|
| Contact Role(s): Legal Contact, Owner | | | | | | | | | |
| Name | | | Organization | | | Job Title | | | |
| Mr. Gary Tierney | | | Gpm Investments LLC | | | District Manaer | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 682 Walnut Hill Road | | | | | | Thomaston | | CT | 06787 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-372-1927 | | | | | Gtierney@gpminvestments.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 | | |
| CT0380084 | DUNKIN DONUTS | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 38 MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| 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 | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| Physical Parameters (PPX) | 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |

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) | 1/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20679 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|---|-----------|-----|--------------------------|-----------------|---------------|-----------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. Dominic Delvecchio | | | Dunkin Donuts | | | President | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 61 Sand Hill Road | | | | | | Durham | | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-349-0025 | | | | | | | | | |
| 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 | | | |
| CT0380084 | DUNKIN DONUTS | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 38 MAIN STREET | | | | 1 | | | | |
| Towns Served: DURHAM | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Sterling Associates of Durham, Llp | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 61 Sand Hill Road | | | | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |
| Contact Role(s): 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 | | |
| CT0380094 | DURHAM COMMONS | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 360 D MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20680 | WELL | 2 | WELL | A | | | | |
| 47600 | GAC FILTRATION | | | | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. William Witkowski | | | | | | Owner | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 360D Main Street | | | | | | Durham | | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-349-1123 | | | | | | | | | |

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 | | | |
| CT0380094 | DURHAM COMMONS | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 360 D MAIN STREET | | | | 1 | | | | |
| Towns Served: DURHAM | | | | | | | | |
| Contact Role(s): Legal Contact | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Alan Witkowski | | | | | | Owner | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 360D Main Street | | | | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-349-1123 | | | | | | | | |
| Contact Role(s): Administrative Contact, Legal Contact | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Washington Trail Associates | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 360 Main Street | | | | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |
| Contact Role(s): 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 | | |
| CT0380144 | 238 MAIN STREET | NC | 47 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 238 MAIN ST | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 7/30/2009 | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 10/1/12 - 12/31/12 | 3 | 3/7/2013 | | 3/17/2013 | |
| Total Coliform M&R Violation | 1/1/13 - 3/31/13 | 2 | 7/24/2013 | | 8/3/2013 | |
| Physical Parameters M&R Violation | 10/1/12 - 12/31/12 | 3 | 4/9/2014 | | 4/19/2014 | |
| Physical Parameters M&R Violation | 1/1/13 - 3/31/13 | 3 | 6/24/2014 | | 7/4/2014 | |

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>Stage 2 Asbestos DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|------------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | |

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

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

| | | | | | | | |
|----------------------------------|------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0380144 | 238 MAIN STREET | NC | 47 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 238 MAIN ST | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper | Stage 2 | |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|-----------------|----------|------|
| | | | | | Rule | Rule Tier | Asbestos | DBPR |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22893 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | |
|---------------------------------|-----------|------------------------|--------------------------|-----------------|----------------|-------------|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. Amit Patel | | 238 Main St Durham LLC | | | Property Owner | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 1133 Meriden-Waterbury Turnpike | | | | | | Plantsville | CT | 06043 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-349-1785 | | | | | | | | |

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

| | | | | | | | | |
|-------------------------------|-----------|--------------|--------------------------|-----------------|---------------|-------------|-------|----------|
| Name | | Organization | | | Job Title | | | |
| 238 Main St Durham LLC | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 1133 Meriden Waterbury | | | | | | Plantsville | CT | 06043 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |

Contact Role(s): **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 | | |
| CT0380184 | DHI ENTERPRISES, INC. | NC | 31 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 980 NEW HAVEN ROAD - DURHAM | | | | 1 | | | |

Towns Served: DURHAM

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| 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 | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |

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) | 1/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 1/1/15 - 3/31/15 | 2 | 8/5/2015 | | 8/15/2015 | |
| Physical Parameters M&R Violation | 1/1/15 - 3/31/15 | 3 | 7/5/2016 | | 7/15/2016 | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20688 | WELL | 2 | WELL | A | | | | |
| 55454 | SOFTENER | | | | | | | |

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 | | |
| CT0380184 | DHI ENTERPRISES, INC. | NC | 31 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 980 NEW HAVEN ROAD - DURHAM | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Contact Information

| | | | | | | | | | |
|--|-----------|-----|--------------------------|-----------------|---------------|-------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. Joseph Alphonse Gambardella | | | Dhi Enterprises, Inc. | | | Owner | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| P.O. Box 4308 | | | | | | Wallingford | | CT | 06492 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| | | | 203-627-8491 | | | | | | |

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 | | |
| CT0380204 | LINOS MARKET | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 472 MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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

| Nitrate And Nitrite (NOX) | | 1 routine (RT) per quarter | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

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>Total Coliform Status</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|------------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | |
| 20690 | WELL | 2 | WELL | A | | | |

Contact Information

| | | | | | | | | | |
|----------------------------|-----------|-----|--------------------------|-----------------|---------------|------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. Salvatore Aparo | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 88 Saybrook Road | | | | | | Middletown | | CT | 06457 |
| 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 | | | |
| CT0380204 | LINOS MARKET | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 472 MAIN STREET | | | | 1 | | | | |
| Towns Served: DURHAM | | | | | | | | |
| Contact Role(s): Legal Contact, Owner | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Lino Aparo | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 472 Main Street | | | | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-349-1717 | 6 | 860-349-9962 | | 860-250-2004 | linosmkt@aol.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 | | |
| CT0380224 | NEW HAVEN RACoon CLUB | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 853R NEW HAVEN ROAD | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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) | 1/1/16 - 12/31/16 | | | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20692 | WELL | 2 | WELL | A | | | | |
| 55462 | HYDROPNEUMATIC TANK | | | | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. John Negrich | | | New Haven Racoon Club | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 853R New Haven Road | | | | | | Durham | | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-349-8139 | | | | 860-349-8139 | | | | | |

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 | |
| CT0380224 | NEW HAVEN RACOON CLUB | NC | 25 | P | GW | |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 853R NEW HAVEN ROAD | | | 1 | | | |
| Towns Served: DURHAM | | | | | | |
| 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 | | |
| CT0380244 | TIME OUT TAVERNE | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 100 NEW HAVEN ROAD | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | Complete | | |
| | 1/1/18 - 12/31/18 | | | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20694 | WELL | 2 | WELL | A | | | | |
| TP01 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|-----------|--------------|--------------------------|-----------------|-------------------------|-----------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. Gary Carmichael | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 100 New Haven Rd | | | PO Box 736 | | | Durham | | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-349-1721 | | 860-349-1722 | | 860-349-2005 | TIMEOUT83@earthlink.net | | | | |

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 | | | |
| CT0380244 | TIME OUT TAVERNE | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 100 NEW HAVEN ROAD | | | | 1 | | | | |
| Towns Served: DURHAM | | | | | | | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Walter J. Camp | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| Blue Hill Road | | | | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-349-1721 | | 860-349-9993 | | | | | | |
| Contact Role(s): 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 | | |
| CT0380254 | THE UNITED CHURCHES OF DURHAM - CHURCH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 228 MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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

| Nitrate (1040) | | 1 routine (RT) per quarter | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| CHURCH ENTRY POINT (3) | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Nitrite (1041) | | 1 routine (RT) per year | | | |
|---|--------------------------|--------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| CHURCH ENTRY POINT (3) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 4/1/10 - 6/30/10 | 2 | 9/24/2010 | | 10/4/2010 | |
| Nitrate M&R Violation | 4/1/10 - 6/30/10 | 3 | 9/24/2010 | | 10/4/2010 | |
| Physical Parameters M&R Violation | 4/1/10 - 6/30/10 | 3 | 8/25/2011 | | 9/4/2011 | |

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>Stage 2 Asbestos DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|------------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | CHURCH DISTRIBUTION | 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 | | |
| CT0380254 | THE UNITED CHURCHES OF DURHAM - CHURCH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 228 MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

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 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | CHURCH ENTRY POINT | A | | | | |
| 23116 | CHURCH WELL | 2 | CHURCH WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|------------------------------|-----------|--------------|---------------------------|-----------------|------------------------------|---------------------|--|-------|------------|
| Name | | | Organization | | | Job Title | | | |
| Mrs. Nancy L. Manzara | | | United Churches of Durham | | | Administrative Asst | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 228 Main Street Road | | | P. O. Box 66 | | | Durham | | CT | 06422-0066 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-349-3683 | | 860-349-8080 | | 860-349-8550 | the.united.churches@snet.net | | | | |

| | | | | | | | | | |
|--|-----------|--------------|--------------------------|-----------------|---------------|-----------|--|-------|----------|
| Contact Role(s): Administrative Contact | | | | | | | | | |
| Name | | | Organization | | | Job Title | | | |
| Mr. John Hogarth | | | United Churches | | | Chairman | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 228 Main Street | | | | | | Durham | | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-349-3683 | | 203-235-7149 | | 203-349-1254 | | | | | |

Contact Role(s): **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 | | |
| CT0380264 | 325 MAIN STREET | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: DURHAM

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 12/31/16 | | Complete | |
| | 1/1/17 - 3/31/17 | | | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

| 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 | 1/1/17 - 3/31/17 | | | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 12/31/16 | | Complete | |

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) | 1/1/16 - 12/31/16 | | Complete | |
| | 1/1/17 - 12/31/17 | | | |
| | 1/1/18 - 12/31/18 | | | |

Water System Facility: **WELL (WSF ID: 20696)**

| E. Coli (3014) | | 1 routine (RT) per quarter | | |
|---|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| WELL (2) | 7/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 12/31/16 | | Complete | |
| | 1/1/17 - 3/31/17 | | | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20696 | WELL | 2 | WELL | A | | | | |
| 55939 | TREATMENT PLANT | | | | | | | |

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 | | |
| CT0380264 | 325 MAIN STREET | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: DURHAM

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 | Stage 2 Asbestos DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|-----------------------|
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|-----------------------|

Contact Information

| | | | | | | |
|-------------------------------|-----------|--------------------------|--------------|-----------------|----------------|----------|
| Name | | Organization | | | Job Title | |
| Mr. Mark Edward Morrow | | | | | Building Owner | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| | | P O Box 515 | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 860-977-5100 | | | | | | |

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 | | |
| CT0380294 | GRIPPOS MOBIL SERVICE CENTER | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 349 MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 10/22/2016 | |

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</i> | <i>Lead and Copper</i> | | <i>Stage 2</i> | |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|-----------------------|------------------------|-----------------|----------------|--|
| | | | | | <i>Rule</i> | <i>Rule Tier</i> | <i>Asbestos</i> | <i>DBPR</i> | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 51797 | WELL 1 | 2 | WELL 1 | A | | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|--|--------------------------|--|--|-----------|--|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. Peter Grippo | | | | | Owner | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | | State | Zip Code |
| 349 Main Street | | | | | Durham | | CT | 06422 |

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 | | |
| CT0380294 | GRIPPOS MOBIL SERVICE CENTER | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 349 MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-349-3487 | | | | | | | |
| 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 | | |
| CT0389133 | UNITED CHURCHES CORPORATION | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 228R MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 8/24/2009 | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 1/1/14 - 3/31/14 | 2 | 6/26/2014 | | 7/6/2014 | |
| Physical Parameters M&R Violation | 1/1/14 - 3/31/14 | 3 | 5/27/2015 | | 6/6/2015 | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20695 | HALL WELL | 2 | HALL WELL | A | | | | |

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

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

| | | | | | | | |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0389133 | UNITED CHURCHES CORPORATION | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 228R MAIN STREET | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Tier | Stage 2 Asbestos DBPR |
|--------------------------|--------------------------|-------------------|----------------------------|-----------------------|---------------------------|-----------------------|
| 48407 | INTERCONNECTION - CHURCH | | | | | |

Contact Information

| | | | | | | | |
|------------------------------|-----------|---------------------------|--------------|-----------------|------------------------------|-------|------------|
| Name | | Organization | | | Job Title | | |
| Mrs. Nancy L. Manzara | | United Churches of Durham | | | Administrative Asst | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 228 Main Street Road | | P. O. Box 66 | | | Durham | CT | 06422-0066 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-349-3683 | | 860-349-8080 | | 860-349-8550 | the.united.churches@snet.net | | |

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

| | | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. John Hogarth | | United Churches | | | Chairman | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 228 Main Street | | | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-349-3683 | | 203-235-7149 | | 203-349-1254 | | | |

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

Please note the following:

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

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

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

End of schedule

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

| | | | | | | | |
|----------------------------------|-------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0389134 | 1041 NEW HAVEN ROAD - DURHAM | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: DURHAM

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| 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 | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |

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) | 1/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 5/11/2012 | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 7/1/04 - 9/30/04 | 2 | 2/2/2005 | | 2/12/2005 | |
| Total Coliform M&R Violation | 10/1/04 - 12/31/04 | 2 | 6/19/2005 | | 6/29/2005 | |
| Total Coliform M&R Violation | 1/1/05 - 3/31/05 | 2 | 8/24/2005 | | 9/3/2005 | |
| Total Coliform M&R Violation | 4/1/05 - 6/30/05 | 2 | 11/17/2005 | | 11/27/2005 | |
| Physical Parameters M&R Violation | 7/1/04 - 9/30/04 | 3 | 1/3/2006 | | 1/13/2006 | |
| Total Coliform M&R Violation | 7/1/05 - 9/30/05 | 2 | 2/11/2006 | | 2/21/2006 | |
| Total Coliform M&R Violation | 10/1/05 - 12/31/05 | 2 | 4/12/2006 | | 4/22/2006 | |
| Nitrate And Nitrite M&R Violation | 1/1/05 - 12/31/05 | 2 | 4/12/2006 | | 4/22/2006 | |
| Physical Parameters M&R Violation | 10/1/04 - 12/31/04 | 3 | 5/20/2006 | | 5/30/2006 | |
| Total Coliform M&R Violation | 1/1/06 - 3/31/06 | 2 | 7/13/2006 | | 7/23/2006 | |
| Physical Parameters M&R Violation | 1/1/05 - 3/31/05 | 3 | 7/25/2006 | | 8/4/2006 | |

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 | | |
| CT0389134 | 1041 NEW HAVEN ROAD - DURHAM | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: DURHAM

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Total Coliform M&R Violation | 4/1/06 - 6/30/06 | 2 | 9/17/2006 | | 9/27/2006 | |
| Physical Parameters M&R Violation | 4/1/05 - 6/30/05 | 3 | 10/18/2006 | | 10/28/2006 | |
| Total Coliform M&R Violation | 7/1/06 - 9/30/06 | 2 | 12/30/2006 | | 1/9/2007 | |
| Physical Parameters M&R Violation | 7/1/05 - 9/30/05 | 3 | 1/12/2007 | | 1/22/2007 | |
| Physical Parameters M&R Violation | 10/1/05 - 12/31/05 | 3 | 3/13/2007 | | 3/23/2007 | |
| Total Coliform M&R Violation | 10/1/06 - 12/31/06 | 2 | 3/28/2007 | | 4/7/2007 | |
| Nitrate And Nitrite M&R Violation | 1/1/06 - 12/31/06 | 2 | 3/28/2007 | | 4/7/2007 | |
| Physical Parameters M&R Violation | 1/1/06 - 3/31/06 | 3 | 6/13/2007 | | 6/23/2007 | |
| Total Coliform M&R Violation | 1/1/07 - 3/31/07 | 2 | 6/21/2007 | | 7/1/2007 | |
| Physical Parameters M&R Violation | 4/1/06 - 6/30/06 | 3 | 8/18/2007 | | 8/28/2007 | |
| Total Coliform M&R Violation | 4/1/07 - 6/30/07 | 2 | 9/20/2007 | | 9/30/2007 | |
| Physical Parameters M&R Violation | 7/1/06 - 9/30/06 | 3 | 11/30/2007 | | 12/10/2007 | |
| Physical Parameters M&R Violation | 10/1/06 - 12/31/06 | 3 | 2/26/2008 | | 3/7/2008 | |
| Total Coliform M&R Violation | 10/1/07 - 12/31/07 | 2 | 3/30/2008 | | 4/9/2008 | |
| Physical Parameters M&R Violation | 1/1/07 - 3/31/07 | 3 | 5/21/2008 | | 5/31/2008 | |
| Total Coliform M&R Violation | 1/1/08 - 3/31/08 | 2 | 6/19/2008 | | 6/29/2008 | |
| Physical Parameters M&R Violation | 4/1/07 - 6/30/07 | 3 | 8/20/2008 | | 8/30/2008 | |
| Physical Parameters M&R Violation | 10/1/07 - 12/31/07 | 3 | 2/28/2009 | | 3/10/2009 | |
| Physical Parameters M&R Violation | 1/1/08 - 3/31/08 | 3 | 5/20/2009 | | 5/30/2009 | |
| Total Coliform M&R Violation | 7/1/08 - 9/30/08 | 2 | 7/29/2009 | | 8/8/2009 | |
| Total Coliform M&R Violation | 10/1/08 - 12/31/08 | 2 | 7/29/2009 | | 8/8/2009 | |
| Nitrate And Nitrite M&R Violation | 1/1/08 - 12/31/08 | 2 | 7/29/2009 | | 8/8/2009 | |
| Physical Parameters M&R Violation | 10/1/08 - 12/31/08 | 3 | 6/29/2010 | | 7/9/2010 | |
| Physical Parameters M&R Violation | 7/1/08 - 9/30/08 | 3 | 6/29/2010 | | 7/9/2010 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper | Stage 2 |
|--------------------------|-----------------------|-------------------|---------------------------------|--------|----------------|-----------------|---------------|
| | | | | | Rule | Rule Tier | Asbestos DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | |
| 48826 | WELL | 2 | WELL | A | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|----------------------------|--------------|-----------------|---------------|--|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. Fazlay Rabbi | | On The Go Enterprises, LLC | | | Owner | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | | State | Zip Code |
| 363 Main Street | | Suite 510 | | | Middletown | | CT | 06457 |
| 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 | | | |
| CT0389134 | 1041 NEW HAVEN ROAD - DURHAM | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| | | | | 1 | | | | |
| Towns Served: DURHAM | | | | | | | | |
| 860-301-6465 | | | | 203-484-2996 | | | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Rayhan Enterprises LLC | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 17 Sand Hill Rd | | | | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |

Contact Role(s): **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 | | |
| CT0389163 | 45R OZICK DRIVE - UNIT 18-R | NC | 38 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: DURHAM

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| 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 | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |

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) | 1/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2016 | |

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> |
| Distribution Color MCL Violation | 4/1/10 - 6/30/10 | 2 | 8/26/2010 | | 9/5/2010 | |
| Distribution Turbidity MCL Violation | 4/1/10 - 6/30/10 | 2 | 8/26/2010 | | 9/5/2010 | |
| Distribution Turbidity MCL Violation | 10/1/10 - 12/31/10 | 2 | 3/2/2011 | | 3/12/2011 | |
| Distribution Color MCL Violation | 7/1/10 - 9/30/10 | 2 | 3/24/2011 | | 4/3/2011 | |
| Distribution Turbidity MCL Violation | 7/1/10 - 9/30/10 | 2 | 3/24/2011 | | 4/3/2011 | |
| Distribution Turbidity MCL Violation | 4/1/12 - 6/30/12 | 2 | 8/9/2012 | | 8/19/2012 | |
| Distribution Color MCL Violation | 4/1/12 - 6/30/12 | 2 | 9/7/2012 | | 9/17/2012 | |
| Total Coliform M&R Violation | 7/1/12 - 9/30/12 | 2 | 1/11/2013 | | 1/21/2013 | |
| Nitrate And Nitrite M&R Violation | 1/1/12 - 12/31/12 | 2 | 10/12/2013 | | 10/22/2013 | |
| Total Coliform M&R Violation | 4/1/13 - 6/30/13 | 2 | 10/12/2013 | | 10/22/2013 | |
| Total Coliform M&R Violation | 1/1/13 - 3/31/13 | 2 | 10/12/2013 | | 10/22/2013 | |

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 | | |
| CT0389163 | 45R OZICK DRIVE - UNIT 18-R | NC | 38 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: DURHAM

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Total Coliform M&R Violation | 10/1/12 - 12/31/12 | 2 | 10/12/2013 | | 10/22/2013 | |
| Physical Parameters M&R Violation | 7/1/12 - 9/30/12 | 3 | 12/12/2013 | | 12/22/2013 | |
| Physical Parameters M&R Violation | 4/1/13 - 6/30/13 | | 9/12/2014 | | 9/22/2014 | |
| Physical Parameters M&R Violation | 10/1/12 - 12/31/12 | 3 | 9/12/2014 | | 9/22/2014 | |
| Physical Parameters M&R Violation | 1/1/13 - 3/31/13 | 3 | 9/12/2014 | | 9/22/2014 | |

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 2 DBPR |
|--------------------------|-----------------------|-------------------|---------------------------------|--------|---------------------|---------------------------|----------|--------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | A | | | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 53787 | WELL 1 | 2 | WELL 1 | A | | | | |
| 53791 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | |
|----------------------------|-----------|---------------------------|--------------|-----------------|---------------|--|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Ms. Lynn M. Wilson | | Aesthetic Structures, LLC | | | Member | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | | State | Zip Code |
| 45R Ozick Drive, Unit 18-R | | P.O. Box 117 | | | Durham | | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |

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 | | |
| CT0389164 | 459 MADISON RD | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 459 MADISON ROAD | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 1/17/2013 | |

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> |
| Distribution Color MCL Violation | 10/1/11 - 12/31/11 | 2 | 3/11/2012 | | 3/21/2012 | |
| Distribution Turbidity MCL Violation | 10/1/11 - 12/31/11 | 2 | 3/11/2012 | | 3/21/2012 | |
| Distribution Turbidity MCL Violation | 7/1/11 - 9/30/11 | 2 | 3/11/2012 | | 3/21/2012 | |
| Distribution Color MCL Violation | 7/1/11 - 9/30/11 | 2 | 3/11/2012 | | 3/21/2012 | |
| Distribution Color MCL Violation | 1/1/12 - 3/31/12 | 2 | 6/14/2012 | | 6/24/2012 | |
| Distribution Turbidity MCL Violation | 1/1/12 - 3/31/12 | 2 | 6/14/2012 | | 6/24/2012 | |
| Distribution Color MCL Violation | 4/1/12 - 6/30/12 | 2 | 9/7/2012 | | 9/17/2012 | |
| Distribution Turbidity MCL Violation | 4/1/12 - 6/30/12 | 2 | 9/7/2012 | | 9/17/2012 | |
| Distribution Color MCL Violation | 7/1/12 - 9/30/12 | 2 | 12/1/2012 | | 12/11/2012 | |
| Distribution Turbidity MCL Violation | 7/1/12 - 9/30/12 | 2 | 12/1/2012 | | 12/11/2012 | |
| Distribution Color MCL Violation | 10/1/12 - 12/31/12 | 2 | 3/23/2013 | | 4/2/2013 | |

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 | | |
| CT0389164 | 459 MADISON RD | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 459 MADISON ROAD | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|--------------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Distribution Turbidity MCL Violation | 10/1/12 - 12/31/12 | 2 | 3/23/2013 | | 4/2/2013 | |
| Distribution Color MCL Violation | 1/1/13 - 3/31/13 | 2 | 6/1/2013 | | 6/11/2013 | |
| Distribution Turbidity MCL Violation | 1/1/13 - 3/31/13 | 2 | 6/1/2013 | | 6/11/2013 | |
| Distribution Color MCL Violation | 4/1/13 - 6/30/13 | 2 | 10/30/2013 | | 11/9/2013 | |
| Distribution Turbidity MCL Violation | 4/1/13 - 6/30/13 | 2 | 10/30/2013 | | 11/9/2013 | |
| Distribution Turbidity MCL Violation | 7/1/13 - 9/30/13 | 2 | 2/8/2014 | | 2/18/2014 | |
| Distribution Color MCL Violation | 7/1/13 - 9/30/13 | 2 | 2/8/2014 | | 2/18/2014 | |
| Distribution Color MCL Violation | 10/1/13 - 12/31/13 | 2 | 3/16/2014 | | 3/26/2014 | |
| Distribution Turbidity MCL Violation | 10/1/13 - 12/31/13 | 2 | 3/16/2014 | | 3/26/2014 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Tier | Asbestos | Stage 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|---------------------------|----------|--------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | A | Y | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | |
| 53845 | WELL | 2 | WELL | A | | | |
| 59108 | TREATMENT PLANT | | | | | | |

Contact Information

| | | | | | | | |
|---------------------------|-----------|-------------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Mazhar Hussain | | Krauszer's Food Store | | | Owner | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 459 Madison Road | | | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-349-1944 | | | | 203-507-3351 | | | |
| 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 | | |
| CT0389174 | ADAMS COMMONS, LLC. | NC | 43 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 350 MAIN STREET | | | | | | 2 | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 3/31/17 | | Complete |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| 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 | 1/1/17 - 3/31/17 | | Complete |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| Physical Parameters (PPX) | 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |

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) | 1/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 58189 | WELL 1 | 2 | WELL 1 | A | | | | |

Contact Information

| | | | | | | | |
|--|-----------|----------------------------|--------------|-----------------|--------------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Ms. Alana Simlick | | Carolyn Adams Country Barn | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| P. O. Box 422 | | 352 Main Street | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-349-1737 | | 860-349-3705 | | | carolynadamsbarn@sbcglobal.net | | |
| 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 | | | |
| CT0389174 | ADAMS COMMONS, LLC. | NC | 43 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 350 MAIN STREET | | | | | | 2 | | |
| Towns Served: DURHAM | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Ms. Carolyn Adams | | | Adams Commons, LLC. | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| P. O. Box 422 | | | 350 Main Street | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-349-1737 | | 860-349-3705 | | | carolynadamsbarn@sbcglobal.net | | | |
| Contact Role(s): 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 | | |
| CT0389184 | CAROLYN ADAMS' COUNTRY BARN | NC | 29 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 352 MAIN STREET, DURHAM, CT | | | | 1 | | | |
| Towns Served: DURHAM | | | | | | | |

Monitoring Requirements

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

| 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 3/31/17 | | Complete |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| 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 | 1/1/17 - 3/31/17 | | Complete |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |

Water System Facility: ENTRY POINT - BARN (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 - BARN (3) | 1/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM - BARN | 4 | DISTRIBUTION - BARN | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT - BARN | 3 | ENTRY POINT - BARN | A | | | | |
| 58336 | BARN WELL | 2 | BARN WELL | A | | | | |
| 58340 | BLADDER TANK | | | | | | | |

Contact Information

| | | | | | | | |
|--------------------------|-----------|----------------------------|--------------|-----------------|--------------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Ms. Alana Simlick | | Carolyn Adams Country Barn | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| P. O. Box 422 | | 352 Main Street | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
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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 | | | |
| CT0389184 | CAROLYN ADAMS' COUNTRY BARN | NC | 29 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 352 MAIN STREET, DURHAM, CT | | | | 1 | | | | |
| Towns Served: DURHAM | | | | | | | | |
| Contact Role(s): Administrative Contact | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Ms. Carolyn Adams | | | Adams Commons, LLC. | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| P. O. Box 422 | | | 350 Main Street | | | Durham | CT | 06422 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-349-1737 | | 860-349-3705 | | | carolynadamsbarn@sbcglobal.net | | | |
| Contact Role(s): Owner | | | | | | | | |

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

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End of schedule