

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

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0480233 | CRYSTAL LAKE PLAZA | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 99 STAFFORD RD. (RT. 30) | | | 4 | | | | |
| Towns Served: ELLINGTON | | | | | | | |

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 | 2/10/2017 | |

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> |
| Physical Parameters M&R Violation | 1/1/04 - 3/31/04 | 2 | 11/6/2004 | | 11/16/2004 | |
| Total Coliform M&R Violation | 1/1/04 - 3/31/04 | 2 | 11/6/2004 | | 11/16/2004 | |
| Total Coliform M&R Violation | 4/1/04 - 6/30/04 | 2 | 11/6/2004 | | 11/16/2004 | |
| Physical Parameters M&R Violation | 4/1/04 - 6/30/04 | 2 | 11/6/2004 | | 11/16/2004 | |
| Distribution Color MCL Violation | 10/1/04 - 12/31/04 | 2 | 4/22/2005 | | 5/2/2005 | |
| Distribution Turbidity MCL Violation | 10/1/04 - 12/31/04 | 2 | 4/22/2005 | | 5/2/2005 | |
| Distribution Color MCL Violation | 4/1/05 - 6/30/05 | 2 | 8/13/2005 | | 8/23/2005 | |
| Distribution Turbidity MCL Violation | 1/1/05 - 3/31/05 | 2 | 9/30/2005 | | 10/10/2005 | |
| Distribution Color MCL Violation | 1/1/05 - 3/31/05 | 2 | 9/30/2005 | | 10/10/2005 | |
| Distribution Color MCL Violation | 7/1/05 - 9/30/05 | 2 | 11/4/2005 | | 11/14/2005 | |
| Distribution Turbidity MCL Violation | 10/1/05 - 12/31/05 | 2 | 2/4/2006 | | 2/14/2006 | |

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 | | |
| CT0480233 | CRYSTAL LAKE PLAZA | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 99 STAFFORD RD. (RT. 30) | | 4 | | | | | |

Towns Served: ELLINGTON

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|--------------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Distribution Color MCL Violation | 10/1/05 - 12/31/05 | 2 | 2/4/2006 | | 2/14/2006 | |
| Distribution Turbidity MCL Violation | 4/1/06 - 6/30/06 | 2 | 8/23/2006 | | 9/2/2006 | |
| Distribution Turbidity MCL Violation | 7/1/06 - 9/30/06 | 2 | 11/15/2006 | | 11/25/2006 | |
| Distribution Color MCL Violation | 7/1/06 - 9/30/06 | 2 | 11/15/2006 | | 11/25/2006 | |
| Distribution Turbidity MCL Violation | 4/1/07 - 6/30/07 | 2 | 8/17/2007 | | 8/27/2007 | |
| Distribution Color MCL Violation | 4/1/07 - 6/30/07 | 2 | 8/17/2007 | | 8/27/2007 | |
| Distribution Turbidity MCL Violation | 1/1/07 - 3/31/07 | 2 | 8/17/2007 | | 8/27/2007 | |
| Distribution Turbidity MCL Violation | 7/1/07 - 9/30/07 | 2 | 12/5/2007 | | 12/15/2007 | |
| Distribution Color MCL Violation | 7/1/07 - 9/30/07 | 2 | 12/5/2007 | | 12/15/2007 | |
| Distribution Turbidity MCL Violation | 10/1/07 - 12/31/07 | 2 | 4/25/2008 | | 5/5/2008 | |
| Distribution Color MCL Violation | 10/1/07 - 12/31/07 | 2 | 4/25/2008 | | 5/5/2008 | |
| Distribution Color MCL Violation | 1/1/08 - 3/31/08 | 2 | 5/29/2008 | | 6/8/2008 | |
| Distribution Color MCL Violation | 4/1/08 - 6/30/08 | 2 | 10/8/2008 | | 10/18/2008 | |
| Total Coliform MCL Violation | 10/1/08 - 12/31/08 | 2 | 12/12/2008 | | 12/22/2008 | |
| 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 | |

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 SYSTEM | A | Y | | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10218 | WELL #1 | 2 | | A | | | | |

Contact Information

| | | | | | | | | |
|----------------------------|-----------|---|--------------------------|-----------------|---------------|-----------|-------|------------|
| Name | | Organization | | | Job Title | | | |
| Mr. Scott E. Webber | | Crystal Lake Plaza | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 99 Stafford Rd | | | | | | Ellington | CT | 06029-9732 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-316-8192 | | | 860-871-9287 | 860-872-2209 | | | | |
| Contact Role(s): | | Administrative Contact, Legal Contact, Owner | | | | | | |

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

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

| | | | | | | | | |
|----------------------------------|---------------------------|-----------------------------|--------------------------|-----------------|----------------|-----------|--------------|----------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT0480233 | CRYSTAL LAKE PLAZA | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 99 STAFFORD RD. (RT. 30) | | 4 | | | | | | |
| Towns Served: ELLINGTON | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Weber Enterprises LLC | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 99-101 Stafford Rd | | | | | | Ellington | CT | 06029 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |
| 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 | | |
| CT0480064 | CRYSTAL LAKE COMMUNITY METHODIST CHURCH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 265 SANDY BEACH ROAD | | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | | |

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 | 10/19/2014 | |

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>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 | | | | |
| 20880 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | |
|--------------------------|--|-------------------------------|--|----------------------|-------|----------|
| Name | | Organization | | Job Title | | |
| Ms. Yolanda J. Armelin | | Crystal Lake Community Church | | Chair Bd of Trustees | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 278 Sandy Beach Road | | | | Ellington | CT | 06029 |

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 | | | |
| CT0480064 | CRYSTAL LAKE COMMUNITY METHODIST CHURCH | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 265 SANDY BEACH ROAD | | | | 1 | | | | |
| Towns Served: ELLINGTON | | | | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-872-0798 | | | | | laniarmlin@aol.com | | | |
| Contact Role(s): Administrative Contact, Legal Contact | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Community United Methodist Church | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 278 Sandy Beach Rd | | | | | | Ellington | CT | 06029 |
| 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 | | |
| CT0480114 | ELLINGTON RIDGE COUNTRY CLUB | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 56 ABBOT ROAD | | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | | |

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> | | |
| 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> | | |
| 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 MCL Violation | 10/1/10 - 12/31/10 | 2 | 11/20/2010 | | 11/30/2010 | |

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 | | |
| CT0480114 | ELLINGTON RIDGE COUNTRY CLUB | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 56 ABBOT ROAD | | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | | |

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20884 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | |
|----------------------------|-----------|-------------------------------|--------------------------|-----------------|----------------------------|-----------|-------|------------|
| Name | | Organization | | | Job Title | | | |
| Mr. Michael Reardon | | The Ellington Purchasing Corp | | | President | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 56 Abbott Rd | | | | | | Ellington | CT | 06029-9732 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-872-4052 | | 860-870-7340 | | 860-872-9133 | michaelreardon@hotmail.com | | | |

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

Please note the following:

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

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

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

End of schedule

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

| | | | | | | | |
|----------------------------------|-------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0480144 | ROLLING MEADOWS COUNTRY CLUB | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 76 SADDIS MILL ROAD | | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | | |

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 (1040) | | 1 routine (RT) per quarter | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 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 | | | | |

| Nitrite (1041) | | 1 routine (RT) per year | | | |
|---|--------------------------|--------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/16 - 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 | | | | |
| 20887 | WELL | 2 | WELL | A | | | | |

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

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

| | | | | | | | |
|----------------------------------|-------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0480144 | ROLLING MEADOWS COUNTRY CLUB | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 76 SADDIS MILL ROAD | | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | | |

Contact Information

| | | | | | | | | |
|--------------------------------|-----------|--------------|--------------------------|------------------------------|---------------|-----------------|-------|----------|
| Name | | | | Organization | | Job Title | | |
| Ms. Anne Gale-Wolchesky | | | | Rolling Meadows Country Club | | Managing Member | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 76 Sadds Mill Road | | | | | | Ellington | CT | 06029 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-875-7243 | | 860-875-3887 | | 860-974-3189 | | | | |

| | | | | | | | | |
|--|-----------|-----|--------------------------|-----------------|---------------|-----------|-------|----------|
| Contact Role(s): Administrative Contact | | | | | | | | |
| Name | | | | Organization | | Job Title | | |
| Rolling Meadows LLC | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| Rolling Meadows Country Club | | | 76 Sadds Mill Road | | | Ellington | CT | 06029 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-870-5328 | | | | | | | | |

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 | | |
| CT0480154 | SJ RANCH, INC. (WELL #1 - KITCHEN) | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 130 SANDY BEACH ROAD | | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | | |

Monitoring Requirements

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

| | | | |
|---|--------------------------|--------------------------|--------------------------------|
| Total Coliform (3100) | | | 1 routine (RT) per year |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

| | | | |
|---|--------------------------|--------------------------|--------------------------------|
| Physical Parameters (PPX) | | | 1 routine (RT) per year |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/16 - 12/31/16 | 6/1-8/31 | 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

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Nitrate And Nitrite M&R Violation | 1/1/15 - 12/31/15 | 2 | 6/16/2016 | | 6/26/2016 | |
| Total Coliform M&R Violation | 1/1/15 - 12/31/15 | 2 | 6/16/2016 | | 6/26/2016 | |

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 SYSTEM | A | Y | | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20888 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | |
|-------------------------------|-----------|---|--------------------------|-----------------|---------------|-----------|-------|------------|
| Name | | Organization | | | Job Title | | | |
| Ms. Patricia L. Haines | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 130 Sandy Beach Road | | | | | | Ellington | CT | 06029-9732 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-872-4742 | | | | | | | | |
| Contact Role(s): | | Administrative Contact, Legal Contact, Owner | | | | | | |

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

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

| | | | | | | |
|----------------------------------|---|----------------|------------|------------|----------------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | |
| CT0480154 | SJ RANCH, INC. (WELL #1 - KITCHEN) | NC | 25 | P | GW | |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 130 SANDY BEACH ROAD | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | |

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 | | |
| CT0480164 | SJ RANCH, INC. (WELL #2 - OVERLOOK) | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 130 SANDY BEACH ROAD | | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | | |

Monitoring Requirements

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

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------------|
| Physical Parameters (PPX) | | | | 1 routine (RT) per year |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 1/1/16 - 12/31/16 | 6/1-8/31 | 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

| 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 SYSTEM | A | Y | | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20889 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|-------------------------------|-----------|-------------------------------|--------------------------|-----------------|---------------|-----------|--|-------|------------|
| Name | | | Organization | | | Job Title | | | |
| Ms. Patricia L. Haines | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 130 Sandy Beach Road | | | | | | Ellington | | CT | 06029-9732 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-872-4742 | | | | | | | | | |
| 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.

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<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 | | |
| CT0480174 | SJ RANCH, INC. (WELL #3 - RANCH HOUSE) | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 130 SANDY BEACH ROAD | | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | | |

Monitoring Requirements

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

| | | | | |
|---|--------------------------|--------------------------|--|--------------------------------|
| Physical Parameters (PPX) | | | | 1 routine (RT) per year |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/16 - 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 | 3/1/2017 | |

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 SYSTEM | A | Y | | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20890 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|-------------------------------|-----------|-------------------------------|--------------------------|-----------------|---------------|-----------|--|-------|------------|
| Name | | | Organization | | | Job Title | | | |
| Ms. Patricia L. Haines | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 130 Sandy Beach Road | | | | | | Ellington | | CT | 06029-9732 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-872-4742 | | | | | | | | | |
| 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.

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End of schedule

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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 | | |
| CT0480234 | LUANN'S BAKERY AND CAFE | NC | 60 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 238 SOMERS ROAD, ELLINGTON | | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | | |

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 | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |
| 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> |
| DISTRIBUTION (4) | 1/1/17 - 3/31/17 | 1/27-3/31 | |
| | 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> |
| DISTRIBUTION (4) | 1/1/17 - 3/31/17 | 1/27-3/31 | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

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 |
|--------------------------|-----------------------|-------------------|--------------------------------|-----------------------|---------------------------|-----------------------|
| 00600 | DISTRIBUTION | 4 | DISTRIBUTION | A | Y | |
| | | | DOWNSTREAM DOWNSTREAM WITHIN 5 | A | Y | |
| | | | UPSTREAM DOWNSTREAM WITHIN 5 | A | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | |
| 60431 | WELL | 2 | WELL | A | | |

Contact Information

| | | | | | | | |
|---|-----------|--------------------------|--------------|-----------------|--------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Michael H. Hoffman | | Luann's Bakery And Cafe | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 111 Hoffman Road | | | | | Ellington | CT | 06029 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-559-6414 | | | | 860-872-8073 | mhoffman07@sbcglobal.net | | |
| Contact Role(s): Administrative Contact, Legal Contact | | | | | | | |
| Name | | Organization | | | Job Title | | |
| M. L. Hoffman LLC | | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 111 Hoffman Road | | | | | Ellington | CT | 06029 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-559-6414 | | | | 860-872-8073 | mhoffman07@sbcglobal.net | | |
| Contact Role(s): Owner | | | | | | | |

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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 | | |
|----------------------------------|-------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0480234 | LUANN'S BAKERY AND CAFE | NC | 60 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 238 SOMERS ROAD, ELLINGTON | | | | 1 | | | |
| Towns Served: ELLINGTON | | | | | | | |

Please note the following:

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

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

End of schedule