

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1280114 | SHEPHERD OF THE HILLS LUTHERAN CHURCH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 7 WESCOTT ROAD | | | | 1 | | | |
| Towns Served: SIMSBURY | | | | | | | |

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 | 1/1/25 - 3/31/25 | | Complete | |
| | 4/1/25 - 6/30/25 | | | |
| | 7/1/25 - 9/30/25 | | | |
| | 10/1/25 - 12/31/25 | | | |

| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | |
|---|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 1/1/25 - 3/31/25 | | Complete | |
| | 4/1/25 - 6/30/25 | | | |
| | 7/1/25 - 9/30/25 | | | |
| | 10/1/25 - 12/31/25 | | | |

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) | 1/1/24 - 12/31/24 | | Complete | |
| | 1/1/25 - 12/31/25 | | Complete | |
| | 1/1/26 - 12/31/26 | | | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22160 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|-------------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Shepherd of The Hills, Elca | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 7 Wescott Road | | | | | | Simsbury | | CT | 06070 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-658-0583 | | | | | | | | | |
| Contact Role(s): Owner | | | | | | | | | |

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

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

| | | | | | | | | |
|---|--|---------------------|--------------------------|-----------------|------------------|----------------|--------------|----------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT1280114 | SHEPHERD OF THE HILLS LUTHERAN CHURCH | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 7 WESCOTT ROAD | | | | 1 | | | | |
| Towns Served: SIMSBURY | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Ms. Katherine Smith | | | | | | Cong President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 7 Wescott Road | | | | | | Simsbury | CT | 06070 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-658-0583 | | 860-408-0073 | | | shelc@snet.net | | | |
| Contact Role(s): Legal Contact | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Ms. Becki Greetan | | | Shepherd of The Hills | | | Admin, Asst. | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 7 Wescott Rd | | | | | | Simsbury | CT | 06070 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-658-0583 | | | | 860-989-3507 | office@shelc.org | | | |
| 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 | | |
| CT1280134 | TALCOTT MOUNTAIN S.P. | NC | 793 | S | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 185 | | | 3 | | | | |
| Towns Served: SIMSBURY | | | | | | | |

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 | 4/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 9/30/25 | | | |
| | 10/1/25 - 12/31/25 | | | |

| | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 9/30/25 | | | |
| | 10/1/25 - 12/31/25 | | | |

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) | 1/1/24 - 12/31/24 | | Complete | |
| | 1/1/25 - 12/31/25 | | Complete | |
| | 1/1/26 - 12/31/26 | | | |

Other Compliance Schedules

| | | |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Total Coliform M&R Violation | 4/1/13 - 6/30/13 | 2 | 10/17/2013 | | 10/27/2013 | |
| Physical Parameters M&R Violation | 4/1/13 - 6/30/13 | 3 | 9/17/2014 | | 9/27/2014 | |

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 WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 101 | TOWER KITCHEN | A | Y | | | |
| | | 102 | TOWER BATHROOM | A | Y | | | |
| | | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22162 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | |
|--------------------------|--------------------------|---------------------|
| Name | Organization | Job Title |
| Mr. David Cooley | Deep-Engineering Unit | Supv Civil Engineer |
| Mailing Address Line One | Mailing Address Line Two | City State Zip Code |

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

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

| | | | | | | | |
|---|------------------------------|---------------------|--------------------------|-----------------|---------------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1280134 | TALCOTT MOUNTAIN S.P. | NC | 793 | S | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 185 | | 3 | | | | | |
| Towns Served: SIMSBURY | | | | | | | |
| 163 Great Hill Road | | | Portland | | CT | 06480 | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-342-2215 | | 860-344-2560 | 860-205-7552 | 860-424-3333 | david.cooley@ct.gov | | |
| Contact Role(s): Legal Contact, Owner | | | | | | | |
| Name | | | Organization | | Job Title | | |
| Ms. Andrea M. Lane | | | State of CT Deep | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State | Zip Code |
| 163 Great Hill Road | | | | | Portland | CT | 06480 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-977-9739 | | | | 860-424-3333 | andrea.lane@ct.gov | | |
| 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 | | |
| CT1280144 | TOWER RIDGE COUNTRY CLUB | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 140 NOD ROAD | | | | 1 | | | |

Towns Served: SIMSBURY

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 | 1/1/25 - 3/31/25 | | Complete | | |
| | 4/1/25 - 6/30/25 | | Complete | | |
| | 7/1/25 - 9/30/25 | | | | |
| | 10/1/25 - 12/31/25 | | | | |

| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/25 - 3/31/25 | | Complete | | |
| | 4/1/25 - 6/30/25 | | Complete | | |
| | 7/1/25 - 9/30/25 | | | | |
| | 10/1/25 - 12/31/25 | | | | |

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) | 1/1/24 - 12/31/24 | | Complete | | |
| | 1/1/25 - 12/31/25 | | Complete | | |
| | 1/1/26 - 12/31/26 | | | | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | | DOWNSTREAM | A | | | | |
| | | | UPSTREAM | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22163 | WELL #1 | 2 | WELL | A | | | | |
| 54743 | WELL #2 | 2 | WELL #2 | A | | | | |
| 54745 | HYDROPNEUMATIC TANK | | | | | | | |
| 54747 | TOWER RIDGE TREATMENT | | | | | | | |

Contact Information

| | | | | | | | | | |
|--|-----------|-----|--------------------------|-----------------|--------------------------|------------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. Timothy Gordon | | | Niblick Golf, Inc. | | | Property Manager | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 616 Mountain Rd | | | | | | Jaffrey | | NH | 03452 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 508-735-7540 | | | | | tgordon@niblick-golf.com | | | | |
| Contact Role(s): Administrative Contact | | | | | | | | | |

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

| | | | | | | | | |
|---|---------------------------------|---------------------|-------------------------------|-----------------|----------------|-----------|--------------|----------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT1280144 | TOWER RIDGE COUNTRY CLUB | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 140 NOD ROAD | | | | 1 | | | | |
| Towns Served: SIMSBURY | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Daniel Bassichis | | | Simsbury Real Estate Holdings | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| PO Box 576 | | | | | | Simsbury | CT | 06070 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |
| Contact Role(s): Legal Contact | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Simsbury Real Estate Holdings, LLC | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| P.O. Box 578 | | | | | | Simsbury | CT | 06070 |
| 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 | | |
| CT1280154 | 1610-1616 HOPMEADOW STREET | NC | 31 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1610-1616 HOPMEADOW STREET | | | | 1 | | | |

Towns Served: SIMSBURY

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 | 1/1/25 - 3/31/25 | | Complete | |
| | 4/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 9/30/25 | | | |
| | 10/1/25 - 12/31/25 | | | |

| | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | 1/1/25 - 3/31/25 | | Complete | |
| | 4/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 9/30/25 | | | |
| | 10/1/25 - 12/31/25 | | | |

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) | 1/1/24 - 12/31/24 | | Complete | |
| | 1/1/25 - 12/31/25 | | Complete | |
| | 1/1/26 - 12/31/26 | | | |

Other Compliance Schedules

| | | |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| RESPOND TO SANITARY SURVEY | 3/18/2022 | |

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 | 4/1/04 - 6/30/04 | 2 | 12/3/2004 | | 12/13/2004 | |
| Total Coliform M&R Violation | 1/1/04 - 3/31/04 | 2 | 12/3/2004 | | 12/13/2004 | |
| Total Coliform M&R Violation | 7/1/04 - 9/30/04 | 2 | 3/3/2005 | | 3/13/2005 | |
| Total Coliform M&R Violation | 10/1/04 - 12/31/04 | 2 | 7/1/2005 | | 7/11/2005 | |
| Nitrate And Nitrite M&R Violation | 1/1/04 - 12/31/04 | 2 | 7/1/2005 | | 7/11/2005 | |
| Total Coliform M&R Violation | 1/1/05 - 3/31/05 | 2 | 9/3/2005 | | 9/13/2005 | |
| Physical Parameters M&R Violation | 4/1/04 - 6/30/04 | 3 | 11/3/2005 | | 11/13/2005 | |
| Physical Parameters M&R Violation | 1/1/04 - 3/31/04 | 3 | 11/3/2005 | | 11/13/2005 | |
| Physical Parameters M&R Violation | 7/1/04 - 9/30/04 | 3 | 2/1/2006 | | 2/11/2006 | |
| Physical Parameters M&R Violation | 10/1/04 - 12/31/04 | 3 | 6/1/2006 | | 6/11/2006 | |
| Physical Parameters M&R Violation | 1/1/05 - 3/31/05 | 3 | 8/4/2006 | | 8/14/2006 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| | | | | | | | | |

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 | | |
| CT1280154 | 1610-1616 HOPMEADOW STREET | NC | 31 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1610-1616 HOPMEADOW STREET | | | | 1 | | | |
| Towns Served: SIMSBURY | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 001 | 1616 KITCHEN | A | Y | | | |
| | | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22164 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|--------------------|--------------------------|-----------------|-----------------------|----------|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. Frank Grillo | | Grillo Enterprises | | | Property Owner | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 1618 Hopmeadow St, | | | | | | Simsbury | CT | 06070 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-325-5162 | | | | 860-986-1178 | FGrillo6161@gmail.com | | | |

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.

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End of schedule