

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0520024	WINDING TRAILS RECREATION ASSN - UPPER	NC	207	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
50 WINDING TRAILS DRIVE			5		
Towns Served: FARMINGTON					

Monitoring Requirements

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

Total Coliform (3100)

1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24	4/1-10/31	Complete
	1/1/25 - 12/31/25	4/1-10/31	Complete
	1/1/26 - 12/31/26	4/1-10/31	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN	5/6/2024	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		CMEN-1	LEFT MENS SINK	A	Y			
		CWOMEN-1	LEFT WOMENS SINK	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GHKITCHEN-1	HALL KITCHEN FAUCET	A	Y			
		LODGE-1	NURSE SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20899	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title		
Mr. Bryan Martin	Winding Trails Inc.	Parks Superintendent		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
50 Winding Trails Drive		Farmington	CT	06032

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.

Schedule Generation Date: 7/9/2025

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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
CT0520024	WINDING TRAILS RECREATION ASSN - UPPER	NC	207	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
50 WINDING TRAILS DRIVE			5		
Towns Served: FARMINGTON					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-676-0403		860-676-9407		860-674-9261	BRYAN@WINDINGTRAILS.COM
Contact Role(s): Administrative Contact					
Name			Organization		Job Title
Mr. Scott Brown			Winding Trails, Inc		Executive Director
Mailing Address Line One		Mailing Address Line Two		City	State
50 Winding Trails Drive				Farmington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-677-8458	18	860-674-9407		860-305-7612	scott@windingtrails.org
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	
CT0520054	FARMINGTON POLO GROUNDS			NC	35	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
152 TOWN FARM ROAD				1	1			
Towns Served: FARMINGTON								

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
20902	WELL	2	WELL	A				
60680	ATMOSPHERIC STORAGE (POLY)							

Contact Information

Name				Organization		Job Title			
Mr. David Falt				Bozzuto's Inc.		Director, Eng & Des.			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
275 Schoolhouse Rd						Cheshire		CT	06410
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-250-5134			203-250-2870			203-250-5109	dfalt@bozzutos.com		
Contact Role(s): Administrative Contact, Legal Contact, 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
CT0520054	FARMINGTON POLO GROUNDS	NC	35	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
152 TOWN FARM ROAD		1	1		
Towns Served: FARMINGTON					
Name		Organization		Job Title	
Mr. Kevin R. Daly		Bozzuto's, Inc.		Vice President	
Mailing Address Line One		Mailing Address Line Two		City	State
275 Schoolhouse Rd				Cheshire	CT
Zip Code					
06410					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-250-5109				203-250-5134	kdaly@bozzutos.com
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.

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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		
CT0520064	FARMINGTON FIELD CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
21 HILLTOP ROAD				1			
Towns Served: FARMINGTON							

Monitoring Requirements

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

Total Coliform (3100)

1 routine (RT) per month

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		

Physical Parameters (PPS)

1 routine (RT) per month

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		

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

Nitrate And Nitrite (NOX)

1 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN	5/8/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20903	WELL	2	WELL	A				
55621	ATMOSPHERIC STORAGE							
55623	PRESSURE STORAGE							

Contact Information

Name	Organization	Job Title
Mr. William J Bannon	Farmington Field Club	Treasurer
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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Schedule Generation Date: 7/9/2025

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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
CT0520064	FARMINGTON FIELD CLUB	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
21 HILLTOP ROAD			1		
Towns Served: FARMINGTON					
Farmington Field Club		P. O. Box 10 (21 Hilltop Road)		Farmington	CT 06034
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
			860-801-0088		generalmanager@farmingtonfield.org
Contact Role(s): Legal Contact					
Name			Organization		Job Title
Mr. Michael Smith			Farmington Field Club		General Manager
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
21 Hilltop Rd				Farmington	CT 06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-677-1209					generalmanager@farmingtonfieldclub.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.					

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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	
CT0520084	RIVERFRONT MINIATURE GOLF, INC.			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 RIVER ROAD					2			
Towns Served: FARMINGTON								

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		

Physical Parameters (PPS)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20905	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. Paul G. Kramer				Riverfront Miniature Golf, Inc			President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
218 River Rd						Unionville		CT	06085
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-921-1922						860-673-0488	vkfan1963@aol.com		
Contact Role(s): Administrative Contact, Legal Contact, 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	
CT0520084	RIVERFRONT MINIATURE GOLF, INC.			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 RIVER ROAD					2			
Towns Served: FARMINGTON								

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	
CT0529044	WINDING TRAILS RECREATION ASSN - LOWER			NC	207	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
50 WINDING TRAILS DRIVE					5			
Towns Served: FARMINGTON								

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	10/1-10/31	

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	4/1-10/31	Complete
	1/1/25 - 12/31/25	4/1-10/31	Complete
	1/1/26 - 12/31/26	4/1-10/31	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		BHOFFICE-1	BOAT OFFICE FAUCET	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GR-1	GRILL KITCHEN FAUCET	A	Y			
		MC-1	MECHANICAL RM SPIGOT	I	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
50144	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Heidi Martin				Winding Trails Inc.			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
50 Winding Trails Drive						Farmington		CT	06032
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-677-8458			860-676-9407			860-675-4313	HEIDI@WINDINGTRAILS.COM		
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
CT0529044	WINDING TRAILS RECREATION ASSN - LOWER	NC	207	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
50 WINDING TRAILS DRIVE			5		
Towns Served: FARMINGTON					
Name		Organization		Job Title	
Mr. Bryan Martin		Winding Trails Inc.		Parks Superintendent	
Mailing Address Line One		Mailing Address Line Two		City	State
50 Winding Trails Drive				Farmington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-676-0403		860-676-9407		860-674-9261	BRYAN@WINDINGTRAILS.COM
Contact Role(s): Administrative Contact					
Name		Organization		Job Title	
Mr. Scott Brown		Winding Trails, Inc		Executive Director	
Mailing Address Line One		Mailing Address Line Two		City	State
50 Winding Trails Drive				Farmington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-677-8458	18	860-674-9407		860-305-7612	scott@windingtrails.org
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.					

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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	
CT0529054	1365 FARMINGTON AVE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1365 FARMINGTON AVE							1	
Towns Served: FARMINGTON								

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	7/18/2021	
SAMPLING SITE PLAN	5/5/2025	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
60238	WELL 1	2	WELL 1	A				

Contact Information

Name				Organization		Job Title			
Mohamed A. Fazeel				Superheroes Properties LLC		Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1451 New Britain Ave, Ste 15						Farmington		CT	06032
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
203-892-7246							superheroesproperties@gmail.com		
Contact Role(s):		Administrative Contact, 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	
CT0529054	1365 FARMINGTON AVE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1365 FARMINGTON AVE							1	
Towns Served: FARMINGTON								

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